

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6272 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Allen</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marvin</u> b. (Middle) <u>William</u> c. (Last) <u>Findley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1956</u>
---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 26, 1897</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--------------------------------------------------------------------------	-------------------------------------------	-------------------------------------------	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Worth-County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--------------------------------------------------------------------------------------------------------------	------------------------------------------------------	---------------------------------------------------------------------------	----------------------------------------------

13a. FATHER'S NAME <u>William Valentine Findley</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah T. Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Cassie L. Findley</u>
--------------------------------------------------------	-----------------------------------------------------	---------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-42-5839</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Jewell M. Findley - Allendale, Mo.</u>	ADDRESS
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------------------------------------------	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intra-abdominal Malignancy & extensive metastases which first seen by me. Laparotomy not done.</u> DUE TO (c) <u>None showed major systemic to stomach - liver</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1991</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	-------------------------------------------------	-------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from Nov. 14, 1945, to Feb. 28, 1956, that I last saw the deceased alive on Feb. 28, 1956, and that death occurred at 3:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>L. P. Veno M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph Mo.</u>	23c. DATE SIGNED <u>5-14-56</u>
------------------------------------------	-------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Worth County, Missouri</u>
------------------------------------------------------------	----------------------------------	------------------------------------------------------------	--------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>5-24-56</u>	REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Dunfee - Grand City, Mo.</u>	ADDRESS
--------------------------------------------	------------------------------------------------	--------------------------------------------------------------------------	---------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill A. Duff*

Licensed Embalmer No. *4*

P. O. Address *Grant*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.