

REC'D APR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10195

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 334  
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.  
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Norton Everett Lingle 524

(a) Residence, No. 216 W. Colorado Ave. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie A. Lingle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Swift & Co. Packers  
 10. Date deceased last worked at this occupation (month and year) March 1938 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

FATHER 13. NAME Samuel Lingle  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Lucy Poff  
 (ADDRESS) 216 W. Colorado Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mora Cem. DATE March 22, 1938

19. FUNERAL DIRECTOR Clark Mortuary  
 (ADDRESS) 5025 King Hill, St. Joseph, Mo.

20. FILED 3/21 1938 R. J. Matthews  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938 to March 19, 1938  
 I last saw him alive on March 19, 1938. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy  
Hypertension  
Charterio-sclerosis  
none  
Clinical evidence  
 Date of onset 3-14-38  
unknown  
unknown

Other contributory causes of importance:

Name of operation none Date of Clinical evidence  
 What test confirmed diagnosis? Clinical evidence Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Maxwell Day  
 (Signed) Maxwell Day M. D.  
 (Address) 710 Jules, St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Earle A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earle A. Clark

L. E.

No. 3476 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Earle A. Clark

Licensed Embalmer No. 3476

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**