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

35169
Do not use this space.

FILED NOV 14 1939

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399

(b) Township Kaw, Primary Registration District No. 100 Registered No. 4144

or

(c) City Kansas City, Mo. (d) Street No. 35 East 55th St., St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Sidney Alexander Lindley,

(a) Residence, No. Jefferson City, Mo. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne Lindley,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1858,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mail Carrier

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0 1

FATHER

13. NAME Ezekiel Lindley, 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania,

MOTHER

15. MAIDEN NAME Mahala Huff,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

17. INFORMANT (ADDRESS) Mrs. Carl Schuster, 35 E. 55th St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City, Mo DATE 10 - 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, 3235 Gillham Plaza, K. C., Mo.

20. FILED 10/29 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1939, to Oct 26, 1939

I last saw him alive on Oct 26, 1939. Death is said to have occurred on the date stated above, at 4:10p.m.

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

Date of onset

Carcinoma antrum (left)

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Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — 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

(Signed) [signature] M.D.

(Address) 1007 Sharp Bldg Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

Dr. Edw. Mathias.

Chart 13 Ldg Vol 5849

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

S. J. Allen, Registered Apprentice No.

working under my personal supervision.

Signed S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

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.)

If this body is not embalmed, above space should be left blank.