

No. 2  
1-10-39  
1-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14099

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1811

I. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 5 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Missouri  
(If outside city or town limit, write "RURAL")  
(d) Street No. 4620 E. 9th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1940 hour 8 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Apr 28  
Apr 28, 1940, to Apr 28, 1940  
that I last saw him alive on Apr 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Status Dyspnoea -  
Lymphatic  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: Markedly enlarged thymus  
Of autopsy: pleural effusion, pericardial effusion  
\_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury !  
23. Signature W. S. Soderberg (M. D. or other) \_\_\_\_\_  
Address 1316 Prof Bldg Date signed Apr 29

3. (a) PRINT FULL NAME JACKIE EUGENE LINDSAY 532

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 7, 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas City, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Arthur A. Lindsay

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Opal Waldrop

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur A. Lindsay

(b) Address 4620 E. 9th

17. (a) Burial (b) Date thereof 4/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn K. C. Mo

19. (a) April 29, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

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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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Denzil C. Browning*

Licensed Embalmer No. *2724*

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.