

MAY 13 1940

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Lexington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
 (c) City or town Lexington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1903 - Bloom Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME

Frank Lindsay

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-46-2931

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 7th 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Miner

11. Industry or business Laborer

12. Name Peter Lindsay

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

14. Maiden name Marian Madu

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

16. (a) Informant's own signature Robert Lindsay

(b) Address 1913 - Bloom Street

17. (a) Burial (b) Date thereof 4-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Lawn

18. (a) Signature of funeral director Robert Lindsay

(b) Address 204 So 24th

19. (a) 4-3-1940 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd ---
year 1940 hour II minute 30 P. M.

21. I hereby certify that I attended the deceased from December 1st 1939 to April 3rd 1940
that I last saw him alive on April 3rd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration 3 months
Three Months
 Due to Diabetes Melitis Six Months

Due to _____
Other conditions XXXXX
(Include pregnancy within 3 months of death)

Major findings: XXXXX
Of operations _____
Of autopsy None

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) XXXX
 (b) Date of occurrence XXXXXXXX
 (c) Where did injury occur? XXXXXXXXXX
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
890 XXXXXXXXXX

While at work? XXXXX (Specify type of place) (e) Means of injury XXXXX

23. Signature J. D. Ball (M. D. or other) _____
Address Lexington, Mo Date signed 4-4-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 8,
State File Number
5710/40

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.....

George H. Green....., Registered Apprentice No. 235
working under my personal supervision.

Signed William Husley.....

Licensed Embalmer No. 31056.....

P. O. Address Lexington, 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.