

FILED OCT 12 1940
Registration District No. 89

Primary Registration District No. 5131

State File No. _____
Registrar's No. 293

112
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural
(c) Name of hospital or institution: _____
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Rural
(d) Street No. 4 1/2 Mi S. W. Henderson Mo
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FRED CECIL LINGLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 25
year 1940 hour 7 minute _____ P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruby May Lingle
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Dec 28 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1, 1940 to Sept 25, 1940
that I last saw him alive on Sept 1, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary tuberculosis
Duration _____

8. AGE: Years 34 Months 8 Days 17
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Niema (City, town, or county) (State or foreign country) Ile
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Jacob A. Lingle
13. Birthplace Ile
14. Maiden name Mary Thornton
15. Birthplace Ile

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes
While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant Mrs Ruby M Lingle
(b) Address Henderson Mo
17. (a) Rural (b) Date thereof Sept 26 1940
(c) Place: burial or cremation Black River Cem
18. (a) Signature of funeral director N.P. Helt
(b) Address 9-28-40
19. (a) 9-28-40 (b) Abelthanger

23. Signature W. H. Hargrave (M. D. or other) _____
Address 221 S. 3rd St. Mo Date signed _____

JUN 18 1946

MAY 4 1946

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 ^{NOT}.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

N.T. Phelps

Licensed Embalmer No. *3231*

P. O. Address

Paplar Bluff m

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, fact should be so stated above.