

No. 2
-4-13-40-
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37989

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 277

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

PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 N. Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Edward Lee Lindsey
3. (b) If veteran, name war _____ 3. (c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 4 1928
(Month) (Day) (Year)
8. AGE: Years 12 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Hot Springs S. Dakota
(City, town, or county) (State or foreign country)
10. Usual occupation Schoolboy
11. Industry or business _____
MOTHER FATHER { 12. Name Simon Lee Lindsey
13. Birthplace Kirksville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margie Parks
15. Birthplace Hot Springs, S. Dakota
(City, town, or county) (State or foreign country)
16. (a) Informant Simon Lee Lindsey
(b) Address Kirksville, Mo.
17. (a) _____ (b) Date thereof 11-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park
18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.
19. (a) Nov. 27/40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 308 N. Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 25
year 1940 hour 11:15 minute _____ P: M.
21. I hereby certify that I attended the deceased from November Twenty fourth 1940, to November 25 1940, that I last saw him alive on November 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 3 days
Bronchopneumonia
Due to Pseudomyotrophic muscular dystrophy
Due to _____
Other conditions none (Include pregnancy within 3 months of death) 1974
Major findings:
Of operations no operation
Of autopsy no autopsy
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? 3
While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature A. R. Schultz (M.D. or other) D.O.
Address Community Nursing Home, Kirksville Date signed 11/27/40

RECEIVED

District Health Officer No. 10

District File Number 11-40-4725

Date Filed Nov. 28, 1940

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.....

Licensed Embalmer No. ~~136~~ 3908

P. O. Address.....

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.