

DEC 5-1940
District No. **219**

Primary Registration District No. **4132**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Bunceton
(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
 In this community 51 years
years, months or days)

3. (a) PRINT FULL NAME Willis Lindsay

3. (b) If veteran, name war Civil War 3. (c) Social Security No. none

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Betty Lindsay 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept 28 1842
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>98</u>	<u>1</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Common Labor

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frank Lindsay

(b) Address Bunceton, Mo.

17. (a) Burial (b) Date thereof Nov. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Mo.

18. (a) Signature of funeral director A. St. Parker

(b) Address Bunceton, Mo.

19. (a) 11-23-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
 (c) City or town Bunceton
(If outside city or town limits write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
 year 1940 hour 10 minute 40 a M.

21. I hereby certify that I attended the deceased from Nov 18
1940, to Nov 19, 1940
 that I last saw him alive on Nov 18th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Age

Due to _____

Other conditions Senile
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?
1940
(Specify type of place) While at work? (e) Means of injury _____

23. Signature W. A. Reed (M. D. or other) _____
 Address Bunceton, Mo. Date signed Nov 22 1940

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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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.....

working under my personal supervision.

myself

Registered Apprentice No.

Signed

P. G. Parker

Licensed Embalmer No.

25-47

P. O. Address

Benedictine 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38561
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 219

Primary Registration District No. 4192

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Willis Lindsey

3. (b) If veteran, name war _____ 3. (c) Social security No. _____

4. Sex M 5. Color or race col 6. (a) Single, widowed, married divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 98 Months 1 Days 21 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(c) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison Duration _____

Due to Chronic nephritis

Due to long standing

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

Major findings: _____
Of operations _____

Of 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? _____

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

23. Signature W. H. Elliott (M. D. or other) _____

Address Burnetton Date signed _____

SUPPLEMENTARY

