

JAN 13 1945
Registration District No. 238

Primary Registration District No. 4145

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lackwood Mo
(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 no
In this community since a small girl (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade
(c) City or town Lackwood
(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.

3. (a) PRINT FULL NAME Martha Jane Lindill

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lindsay Lindill 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec 13 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months - Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John H. Stallcup
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilma Gurnel

(b) Address Oklahoma City Okla

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

(c) Place: burial or cremation Ellis Prairie Mo

18. (a) Signature of funeral director Ray Caldwell

(b) Address Lackwood Mo

19. (a) 12-17-1940 (b) J. D. Combs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-3-1940 to 12-15-1940;
that I last saw her alive on Dec 15, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinosis of liver

Due to _____
Due to 12/16
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 J. D. Combs (M. D. or other) _____
Address Lackwood Mo Date signed 12/16-40

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

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.....

Ray Caldwell

Licensed Embalmer No.

3380

P. O. Address

Lockwood, 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, fact should be so stated above.