

JAN 8 1940
Registration District No. 3 28

Primary Registration District No. 6200

Registrar's No. 87

1. PLACE OF DEATH
(a) County Madison
(b) City or town Mine La Motte Mo
(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 Years _____ (Specify whether)
years, months or days 2

8. (a) PRINT FULL NAME Isadore Lindsey
8. (b) If veteran, name war WW 8. (c) Social Security No. _____
4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Wed
6. (b) Name of husband or wife Mary Jane Norton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1 1949
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 7 19 hr. min.

9. Birthplace Jackson Co. Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Ruben Lindsey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Coleman
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. J. Lindsey
(b) Address Mine La Motte
17. (a) Burial (b) Date thereof Dec 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mine La Motte Mo
18. (a) Signature of funeral director Chas. E. Webb
(b) Address Fredericktown, Mo
19. (a) Dec 21 1940 (b) S. C. Slaughter
(Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Mine La Motte
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 20
year 1940 hour 12 minute 30 M.
21. I hereby certify that I attended the deceased from Dec 19 1940;
Did not see patient 19 _____;
that I last saw him alive on _____, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 18 days
Due to _____
Due to _____

Other conditions Velocard heart lesion
(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. Harry Brown (M. D. or other) _____
Fredericktown Mo Date signed _____

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.

U. S. GOVERNMENT PRINTING OFFICE: 1935

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.....

Ed. H. Webb

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Frederick, Md.

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.