

FILED FEB 18 1947

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1299**  
Registrar's No. **259**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**12th Euclid** **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **7 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City Mo.** **5**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. **622 West 14th** **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1-12-41**  
year \_\_\_\_\_ hour \_\_\_\_\_ minute **500 p** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
**Deputy Coroner**  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Hypertensive Myocardium**  
Due to \_\_\_\_\_  
**Rheumatic Cardiac Lesions**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **g & h**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 **3**

23. Signature **Quellwieser** (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLES CALVIN LINDSAY**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-07-5505**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Valeria M. Lindsay** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **October 7, 1889**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **3** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Salesman**

11. Industry or business **Brace Motor Co.**

12. Name **Charles Lee Lindsay**

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

14. Maiden name **Caroline Clark**

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

16. (a) Informant **Valeria M. Lindsay**

(b) Address **622 W 14th**

17. (a) **Burial** (b) Date thereof **Jan 20 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn, K. C. Mo.**

19. (a) **Jan 19, 1941** (b) **M. M. Crane**  
(Date received local registrar) (Registrar's signature)

JUL 20 1943

**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 *Me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. *4179*

P. O. Address *H. E. 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.**