

ED MAR 17 1941 31

Registration District No. _____

Primary Registration District No. **3023**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
522 N. Warren
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** 51
(c) City or town **Warrensburg** 2
(If outside city or town limits, write "RURAL")
(d) Street No. **522 N. Warren** 2
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Annie Missouri Lindsey**

8. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **2 divorced widowed**

6. (b) Name of husband or wife **Hardin Lindsey** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 29 1892**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Centerville Mo. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Berry Craig**
13. Birthplace **Mo. D**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Elizabeth Huxar**
16. Birthplace **Ky. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maggy Norton**

(b) Address **Warrensburg Mo.**

17. (a) **Burial** (b) Date thereof **Feb 15 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **W. J. Miller**

(b) Address **Warrensburg Mo.**

19. (a) **Feb 17 - 1941** (b) **Bertie Lentz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Feb** day **13**
year **1941** hour **2:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan** 19**41**,
to **2-13** 19**41**,
that I last saw **her** alive on **2-13** 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Diarrhea & enteritis** 2 weeks

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **R. Lee Cooper** (M. D. or other) **MD**

Address **Warrensburg mo** Date signed **2-14-41**

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-41

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 _____

Myself
working under my personal supervision.

Registered Apprentice No. _____

Signed *James A. Lupton*

Licensed Embalmer No. *3053*

P. O. Address *Warrensburg 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.