No. 2
-4-13-40
5-17-
PI XEUS

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8300

State File No.

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 43

97
1
2

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 559 West Boyd 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Ellen Lindsey
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James M. Lindsey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 9 (Day) 1851 (Year)

8. AGE: Years 89 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Lawrence Co (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business ✓
MOTHER FATHER
12. Name James C. Baldwin
13. Birthplace ✓ (City, town, or county) 1 Tenn (State or foreign country)
14. Maiden name Sarah A. Underwood
15. Birthplace ✓ (City, town, or county) 1 Tenn (State or foreign country)
16. (a) Informant Ozella Lindsey
(b) Address Marshall Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo
19. (a) 2-25-41 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day Feby
year 1941 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Feb. 22, 1941, to Feb. 24, 1941;
that I last saw her alive on Feb 24, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Influenza	4 days
Due to	
Due to	
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? 7/2 (Specify type of place)
While at work? - (e) Means of injury
23. Signature G. Aiken M.D. (M. D. or other) O
Address Marshall, Mo. Date signed 2-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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~~.....

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

working under my personal supervision.

Signed R. W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall 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.