

S. No. 2
1-4-1-20
v. 5-1

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

NOV 5 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34512

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 286

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

1. PLACE OF DEATH: Callaway Mo
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 PM - 9 days
 (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME William Lindsey
 3. (b) If veteran, name war D
 3. (c) Social Security No. 074

4. Sex M Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife SK
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased Jan 5 1869
 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 16
 If less than one day hr. min.

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

10. Usual occupation Labourer

11. Industry or business

MOTHER FATHER
 12. Name David Lindsey
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Taylor
 15. Birthplace Mo. D
 (City, town, or county) (State or foreign country)

16. (a) Informant Reverend Arthur Meng
 (b) Address Cedar City, Mo.

17. (a) Removal + Burial (b) Date thereof Oct 21, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elston, Mo.

18. (a) Signature of funeral director Buesch Funeral Home
 (b) Address Jefferson City, Mo.

19. (a) Oct 21, 1941 (b) R. H. Crewe
 (Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Callaway
 (c) City or town Fulton Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. north of Cedar city, mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
 year 1941 hour 12-30 minute 0 M.

21. I hereby certify that I attended the deceased from 10/12, 1941, to 10/21, 1941;
 that I last saw him alive on 10/20, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock from Fractured Hip
 Duration 9 yrs

Due to Stroke

Due to Stroke

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 014

(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?

23. Signature George J. Reno (M. D. or other) M.D.
 Address Fulton Mo Date signed 10/21/41

PHYSICIAN
 Underline the cause to which death should be charged statistically.

NOV 5 1941

CHAS. WYKE & BROWN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Victor Burescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.

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STANDARD CERTIFICATE OF DEATH

State File No. 34512

Registration District No. 104

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Registrar's No. _____

1. PLACE OF DEATH: Callaway Fulton
 (a) County _____
 (b) City or town _____
 (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 _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William C. Lindsey
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19_____
 that I last saw him _____ live on _____ 19_____
 and that death occurred on the _____ and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 5 1869
 (Month) (Day) (Year)

Immediate cause of death: Shock from fractured hip. Duration _____

8. AGE: Years 72 Months 9 Days 10 min. _____
 If less than one day _____

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

10. Usual occupation _____
 11. Industry of business _____

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

Due to _____
 Due to Senile psychosis. 2 yrs.
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 Of autopsy _____
 1860
 18

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant _____
 (b) Address _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____ Accident
 (b) Date of occurrence _____ 10-10-41

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

(c) Where did injury occur? Fulton Callaway Mo
 (City or town) (County) (State)
 (d) Did injury occur in _____ about home, on farm, in industrial place, in public place?
State Hospital No. 1
 (Specify type of place)
 While at work? _____ (e) Means of injury Car II

18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) George H. Bous
 (Date received local registrar) (Registrar's signature)

23. Signature George H. Bous (M. D. or other) MD
 Address Fulton Mo Date signed 1-5-42

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

SUPPLEMENTARY

