

FILE DEC 12 1941

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **168**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Carthage**

(c) Name of hospital or institution: **McCune-Brooks Hospital**

(d) Length of stay: **14 Days**

In this community **26 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Carthage**

(d) Street No. **1245 Forest St.**

(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Bertha A. Lindley**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Alfred R. Lindley**

6. (c) Age of husband or wife at death **18th, 1858**

7. Birth date of deceased **April 18th, 1858**

8. AGE: Years **83** Months **6** Days **18**

9. Birthplace **Lebanon, Ill.**

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Charles Myer**

13. Birthplace **X Germany**

14. Maiden name **Rebecca Gedney**

15. Birthplace **X England**

16. (a) Informant **Mr. Charles Lindley**

(b) Address **1245 Forest St., Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **11-8-41**

(c) Place: burial or cremation **Dudman Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison, Carthage, Mo.**

19. (a) **Nov 7, 1941** (b) **E. J. McInnis, M.D.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5th,** year **1941** hour **9:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **2 Oct 30** 1941 to **Nov. 5** 1941

that I last saw her alive on **Nov 5 41** and that death occurred on the date and hour stated above

Immediate cause of death **Shock and confinement following fracture of neck of left femur**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **460**

Major findings: Of operations **16/17**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Oct 20 41**

(c) Where did injury occur? **Carthage, Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**

While at work (Specify type of place) \_\_\_\_\_ (e) Means of injury **fall**

23. Signature **P. A. Nesbeter** (M. D. or other) \_\_\_\_\_

Address **Carthage, Mo.** Date signed **Nov. 7**

41-12-1001

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**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..... *Ed Williams*

Licensed Embalmer No. *7772*

P. O. Address *Cartersville*

**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.**