

FILED APR 20 1942

Registration District No. 177

Primary Registration District No. 6018B

Registrar's No. 11

1. PLACE OF DEATH:

(a) County St. Francis  
(b) City or town Esther  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francis  
(c) City or town Esther  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLAUDE LINCOLN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Name of husband or wife Mary Lincoln  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov-1-1897  
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Miner

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Richard Lincoln  
13. Birthplace Madison Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma B. Aughr  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lincoln  
(b) Address Esther Mo

17. (a) Burial (b) Date thereof 5-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park view

18. (a) Signature of funeral director Caldwell B...  
(b) Address Flat B...

19. (a) 3-15-42 (b) B. S. Burmester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12  
year 42 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from July 29 to March 12 1942  
that I last saw him alive on 2-12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 130!

Major findings: Of operations \_\_\_\_\_  
Of autopsy none

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 \_\_\_\_\_

23. Signature W. O. Gable (M. D. or other) 3-15-42  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

1196

RECEIVED

District Health Officer No. 4  
District File Number 442-474  
Date Filed 4-9-42

**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**