

S. No. 2  
-1-4-41  
5-17-39  
X25330

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15836

State File No. ....

FILED MAY 15 1942  
Registration District No. 873

Primary Registration District No. 6162

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural, Washington Co  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nevada, Mo Rt #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 22 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pheoba Lindsey  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Alex Louis Lindsey  
6. (c) Age of husband or wife if alive deceased 1854  
7. Birth date of deceased aug 1 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Washington County, Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Rt Home

MOTHER FATHER { 12. Name [crossed out]  
13. Birthplace [crossed out] (City, town, or county) (State or foreign country)  
14. Maiden name [crossed out]  
15. Birthplace [crossed out] (City, town, or county) (State or foreign country)

16. (a) Informant Grace Lindsey

(b) Address Nevada, Mo Rt #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (Month) (Day) (Year)

(c) Place: burial or cremation Lefler Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Nevada, Mo

19. (a) April 3, 1942 (Date received local registrar) (b) [Signature] (Registrar's signature) 213

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Rt #1 Nevada, Mo (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26, year 1942 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from March 23 1942 to March 26 1942 that I last saw her alive on March 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Arteriosclerosis

Due to Advanced age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] 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? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature [Signature] (M, D. or other)

Address Nevada, Mo Date signed 3/28/42

1232 (Licensed Embalmer's Statement on Reverse Side)

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

08  
00

RECEIVED

District Health Officer No. 7, Nevada

District File Number 3-42-5/2

Date Filed 5-13-42

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

Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.