S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17985

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 408

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1006 W. CHASE ST. 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 63 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1006 W. Chase
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELLEN. E. LINDSEY.
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 WIDOW 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased September (Month) 8 (Day) 1858 (Year)

8. AGE: Years 83 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business In home
FATHER
12. Name (Unknown) SELLERS
13. Birthplace Unknown (City, town, or county) UNKNOWN 9 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace Unknown (City, town, or county) UNKNOWN 9 (State or foreign country)
16. (a) Informant Harvey Lindsey
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem
18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.
19. (a) 5/29-1942 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1942 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from 4/25, 1942 to 5-27-, 1942 that I last saw her alive on 5/18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 mo.
Heart failure	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

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

23. Signature C. E. Feller (M. D. or other)
Address Springfield Mo. Date signed 5 Sep 42

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(Licensed Embalmer's Statement on Reverse Side)

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. 3358

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.