S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20343

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2476

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Lakeside Hospital, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 20 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3607 Prospect, 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) D
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Elizabeth B. Lindsay,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife William Lindsey,

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March (Month) Unknown (Day) 1861 (Year)

8. AGE: Years 81 Months 3 Days If less than one day hr. min.

9. Birthplace Iowa, (City, town, or county) / (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER

12. Name John H. Hair,

13. Birthplace Pennsylvania, / (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Gaston,

15. Birthplace Ohio, / (City, town, or county) (State or foreign country)

16. (a) Informant Miss Vera May Lindsay,
(b) Address 3607 Prospect, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1942 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 2 1941, to June 26 1942 that I last saw her alive on June 26 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 1/3 yrs
Due to Bronchial Pneumonia	
Due to 93 D	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

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 D

23. Signature Chas S. Kramer (M. D. or other)
Address 500 Bryant Bldg Date signed 6/27/42

3.61 (Licensed Embalmer's Statement on Reverse Side)

Dr. Kramer

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. 1465

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.