

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1942
Registration District No. 399

Primary Registration District No. 1002

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

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs.
(Specify whether years, months or days)

In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 600 1/2 East 15th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Lindsay

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 407-03-1315

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 10 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Taxi Cab Driver

11. Industry or business _____

12. Name Thomas Lindsay

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

14. Maiden name Blanche Naugle

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

16. (a) Informant Mrs. Gladwine

(b) Address Kansas City, Kans

17. (a) Removed (b) Date thereof 17-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Kansas

18. (a) Signature of funeral director Edith Ruth Russell

(b) Address 1416 W. 11th St.

19. (a) 7-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1942 hour 10 minutes 10 A.M. M.

21. I hereby certify that I attended the deceased from 7-9-42 19... to 7-9-42 19...
that I last saw him alive on 7-9-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis; meningeal edema

Due to _____

Due to 94a

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy See above

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 May R. Thomas (M. D. or other) _____

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MC

901 201942

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 Orville H. Beckwith
Licensed Embalmer No. 3937
P. O. Address Kansas City, Kans.

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.