

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Methodist Hosp. 0
(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

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 29 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. 35 min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name A. P. Lindsey
 13. Birthplace Weston Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Calarene Carter
 15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 16. (a) Informant Jesse Lindsey

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Aug. 30, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plasant Ridge, Cem.

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) AUG. 29, 1942 Rose Hargog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Weston
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
 year 1942 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Birth - Aug. 29, 1942, to Death - Aug. 29, 1942, that I last saw her alive on Aug. 29, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Total placental infarction

Due to Prematurity - 6 1/2 - 7 m. gestation

Due to _____
 Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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) (a) Means of injury

23. Signature P. P. Wadlow M.D. (M. D. or other) _____
 Address 620 Francis, Weston Date signed 8-30-42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

11
1
7

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.