

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26896**

FILED SEP 11 1942

Registration District No. **58**

Primary Registration District No. **5009**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Grandin Mo. 2nd

(c) Name of hospital or institution: 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 52 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter 18

(c) City or town Grandin 0

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME Francis Lula Fissel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1942 hour 12 minute 30 P.M.

4. Sex Female 1 / race white

5. Color or race _____

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Feb. 24 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-15-42 to 1-28-42 (19__ to 19__)

that I last saw her alive on 1-28-42 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 11 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death: acute abscess of cellular tissue of neck 10 days

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

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

10. Usual occupation Housewife

Major findings: 152

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Lindrey

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

14. Maiden name Margaret Lindrey

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

16. (a) Informant Mrs. Essie Nelson

(b) Address Grandin Mo.

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? _____

17. (a) Burial (b) Date thereof Jan. 30, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandin Cem.

18. (a) Signature of funeral director Blakes mortuary

(b) Address Douglas Mo.

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

19. (a) Jan 31 1942 (b) Mrs. A. J. Smith (Date received local registrar) (Registrar's signature)

23. Signature Clifford Johnson (M. D. or other) _____

Date signed _____

1078 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942708
Date Filed 9-10-42

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark.

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.