

FILED DEC 30 1942
Registration District No. **12**

Primary Registration District No. **1000**

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: **Mercy Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)
In this community **3 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lena Elizabeth Lindsey**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **C. M. Lindsey** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **May 18 - 1884**
(Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **Callan County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **4 sac. Albin**

12. Name **Waco Minnick**

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

14. Maiden name **unknown**

15. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. M. Lindsey**

(b) Address **W. Joseph No. 6**

17. (a) **removal** (b) Date thereof **12-9-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy-Kansas**

18. (a) Signature of funeral director **C. F. Karr**

(b) Address **Troy-Kansas**

19. (a) **12-9-42** (b) **Waco Lindsey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4**
year **1942** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Dec. 4** 19**42** to **Dec. 8**, 19**42**
that I last saw her alive on **Dec. 8**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism** Duration **15 minutes**

Due to **Diabetic endarteritis** **10 years**

Other conditions (Include pregnancy within 3 months of death) **U**

Major findings: Of operations **U**

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) (e) Means of injury _____

23. Signature **E. J. Gross** (M. D. or other) **MD**
Address **200 King Hill** Date signed **12-9-42**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11
1
7

1233

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1955

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 E. F. Kamm

Licensed Embalmer No. Missouri 2586

P. O. Address Dray Kamm

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.