

No. 2
1-4-41
-17-39
X2839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 9 1943

Registration District No. 132

Primary Registration District No. 5475

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Grundler Liberty Twp.

(b) City or town Galt Mo R.

(c) Name of hospital or institution: no

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundler

(c) City or town Galt Rural

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Thresa Lindsey

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15

year 1943 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12-1-42 to 1-15-43

that I last saw her alive on 1-15- 1943

and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife J M Lindsey alive _____ years

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

7. Birth date of deceased Apr 10-1864

(Month) (Day) (Year)

Immediate cause of death Carcinoma Stomach

Due to H6P

Due to _____

Other conditions Senile dementia

(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>5</u>	<u>hr. min.</u>

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Ohio

(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer widow

11. Industry or business Farming

12. Name Dr. Robt. J. Alexander

13. Birthplace Ohio

(City, town, or county) (State or foreign country)

14. Maiden name Eddie Miller

15. Birthplace Ohio

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Browning

(b) Address Nath. Kanson City Mo

17. (a) Burial (b) Date thereof Jan 18-1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galt Mo. old cem.

18. (a) Signature of funeral director PK Payne Son

(b) Address Galt Mo

19. (a) Jan 20, 1943 (b) L D Roberts

(Date recorded local registrar) (Registrar's signature)

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 _____

23. Signature H. C. Weston (M. D. or other)

Address Galt Mo. Date signed 1-16-43

1144

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.....

W. Payne Jr.

Licensed Embalmer No. *3400*.....

P. O. Address. *Galt MO*.....

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.