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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 15 1943

Registration District No. 297 Primary Registration District No. 4446 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Hardin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 at Home (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 White (b) County Ray 89
(c) City or town Hardin, Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Homer Lindley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Lena Lindley
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec (Month) 24 (Day) 1860 (Year)

8. AGE: Years 82 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Paoli, Orange Co. (City, town, or county) Ind (State or foreign country)
10. Usual occupation Farmer
11. Industry or business same
FATHER
12. Name John R Lindley
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Nancy Hollowell Lindley
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Earl H. Lindley
(b) Address Norborne, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Norborne Mo
18. (a) Signature of funeral director John W. Knepschild
(b) Address Hardin Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1943 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1943 to Jan 28, 1943 that I last saw him alive on Jan 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	1 week
Due to	
Due to	
Other conditions Loco Motor Ataxia (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy
30a

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

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 Marvin Gennes (M. D. or other)
Address Hardin, Mo Date signed 1/29/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 2-13-43

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 me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed John W. Knipschild.

Licensed Embalmer No. 2789

P. O. Address Hardin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
PI X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3233

Registration District No. 297 Primary Registration District No. 4446 Registrar's No.

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Hardin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 MISSOURI (b) County RAY

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Homer Lindley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 24 (Day) 1860 (Year)

8. AGE: Years 82 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 30 1943 (Date received local registrar) (b) Mrs Chas W Sheppard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 28
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY