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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1943

Registration District No. 155

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6620

Primary Registration District No. 3127

Registrar's No. 15

49 6 2

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 402 North Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Webb City
(If outside city or town limits, write "RURAL")

(d) Street No.: 402 North Penn
(If rural, give location)

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

If yes, name country: /

3. (a) PRINT FULL NAME: Samuel Lindsey

3. (b) If veteran, name war: no data

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Grace Lindsey

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

7. Birth date of deceased: January 22, 1858 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	--	24	hr. ____ min.

9. Birthplace: Ipavia, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Hardware merchant & Realtor

11. Industry or business: ____

FATHER
12. Name: Elijah Lindsey
13. Birthplace: no data (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Sarah Pennington
15. Birthplace: no data (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Widow Grace Lindsey
(b) Address: Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery

18. (a) Signature of funeral director: Nelson
(b) Address: Webb City, Mo.

19. (a) Feb. 18, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 7th, 1943, to Feb. 15th, 1943 that I last saw him alive on Feb. 15th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): DS

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)

(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: Dr. Geo. Sanz (M.D. or other)
Address: Webb City Mo. Date signed: Feb. 18-43

(Licensed Embalmer's Statement on Reverse Side)

43-2-190

Sam

FEB 25 1947

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 G. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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.