

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14823  
Do not use this space.

MAY 12 1948

1. PLACE OF DEATH  
 (a) County Macon Registration District No. 290  
 (b) Township Eagle Primary Registration District No. 5724  
 (c) City Atlanta mo (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John W. Lindley  
 (a) Residence, No. # Atlanta, Mo. St.  (If nonresident, give city or town and State) 0  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Lindley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1860

7. AGE YEARS 83 MONTHS 3 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Pitman Lindley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER  
 15. MAIDEN NAME Amanda Waddle  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Emma Lindley (ADDRESS) Atlanta mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Atlanta mo DATE May 7, 1948

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hunsberger Atlanta mo

20. FILED 6-5-48 19 43 Nora B. Funkler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1948

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1948 to April 29, 1948  
 I last saw h. alive on April 21, 1948 Death is said to have occurred on the date stated above, at 7 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Chronic glomerular nephritis (1942)  
 Date of onset 1942  
131 f

Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. J. Harlan, M. D.  
 (Address) Clarence mo

RECEIVED

District Health Officer No. 10

District File Number 5-43-844

Date Filed MAY 10 1950

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, .....

H M Goodding, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed H M Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga

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, above space should be left blank.