S. No. 2
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5-17-
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17453

State File No.

Registration District No. 43 Primary Registration District No. 5137 Registrar's No. 169

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Hendrickson Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Black River twp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler 12
(c) City or town Hendrickson 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jacob A. Lingle
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosil Lingle
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 20 (Month) (Day) 1863 (Year)

8. AGE: Years 80 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Anna (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation farming
11. Industry or business
FATHER
12. Name Daniel Lingle
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 1 (State or foreign country)
16. (a) Informant Rosil Lingle
(b) Address Hendrickson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 43 (Month) (Day) (Year)
(c) Place: burial or cremation Black River Cemt.
18. (a) Signature of funeral director Blacks Mortuary
(b) Address Doniphan Mo.
19. (a) 5-26-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from 5-15-43, 19 to 5-25 1943; that I last saw him alive on 5-15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Arteriosclerosis.
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

Duration

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

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 Wm Henrickson (M. D. or other)
Address Poplar Bluff Mo Date signed 5-26-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-786
Date Filed 6-7-43

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.