

REG. DISTRICT NO. 24796

Primary Registration District No. 5229-35-0 Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Lincoln Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 _____ years, months or days

3. (a) PRINT FULL NAME Enos Frost Lindsey

3. (b) If veteran, name war none

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 Elsie Lindsey

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan 6 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>4</u>	<u>3</u>	hr. _____ min.

9. Birthplace Hickory County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name Francis Lindsey

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

14. Maiden name Mary E. Whitlock

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Lindsey

(b) Address Urbana Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Bowers Chapel

18. (a) Signature of funeral director Vaughan J. Reser

(b) Address Urbana Mo.

19. (a) 5/10/43 (Date received local registrar) (b) Selen Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 30

(a) State Mo. (b) County Dallas

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

(d) Street No. Lincoln Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to May 9, 1943
that I last saw him alive on April 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage Duration May 1-1943

Due to Dysentery of Periton Nov 1-1942

Other conditions (Include pregnancy within 3 months of death) 82a!

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 0

23. Signature L. A. Klesse (M. D. or other) M.D.
Address Urbana Mo Date signed 5/10/43

RECEIVED
District Health Officer No. 7,
District File Number 7-43-757
Date Filed 8-6-43

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

Signed Donald L. Linn
Licensed Embalmer No. 3053
P. O. Address Waxton, 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.