

FILED AUG 24 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 193

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

18
4
4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Cor Pleasant + Van Horn 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence Mo 4
(If outside city or town limits, write "RURAL")

(d) Street No. Cor Pleasant + Van Horn 7
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Elizabeth Catherine Lindsey

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James William Lindsey 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased October 14 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90	9	8	hr. min.
----	---	---	----------

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

10. Usual occupation House Wife

11. Industry or business

12. Name David Kerns

13. Birthplace Dart Knawn Pa (City, town, or county) (State or foreign country)

14. Maiden name Susanna Züver

15. Birthplace Dart Knawn Pa (City, town, or county) (State or foreign country)

16. (a) Informant Miss Bess Lindsey

(b) Address Cor Pleasant + Van Horn

17. (a) Burial (Burial, cremation, or removal) — (b) Date thereof July 24 1943 (Month) (Day) (Year)

(c) Place: burial or cremation MT Washington

18. (a) Signature of funeral director W. D. Mitchell

(b) Address 312 W. 1st St. Independence Mo

19. (a) 7-23-1943 (Date received local registrar) (b) James M. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1943 hour 1:52 P. M.

21. I hereby certify that I attended the deceased from May 9th to July 27th 1943 that I last saw her alive on July 27th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
General arterio-sclerosis with hypertension

Due to —

Other conditions (Include pregnancy within 3 months of death) 94 L

Major findings: Of operations —

Of autopsy —

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? _____

23. Signature Dr. Ruth B. Lindsey (Specify type of place) (City or town) (County) (State) (Date signed) 7/23/43

Address Independence Mo Date signed 7/23/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Henry D Mitchell
Licensed Embalmer No. 3925-
P. O. Address Indep. 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.