

FILED DEC 8 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany

(c) Name of hospital or institution: Bethany Hospital  
(If not in hospital or institution, write street number or location)

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

In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

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

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

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME W. T. Lingle

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31  
year 1943 hour 10:15 minute P.M.

21. I hereby certify that I attended the deceased from Oct 22  
1943 to Oct 31, 1943  
that I last saw him alive on Oct. 31, 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Lingle 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 13 1877  
(Month) (Day) (Year)

Immediate cause of death Hodgkins Disease Duration 3 yrs.

Due to 44

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

8. AGE: Years 66 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Grain Dealer

PHYSICIAN

Major findings: Hodgkins disease

Of operation ✓

Of autopsy No Operation

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business .....

12. Name E. Y. Lingle

13. Birthplace near Wauson Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Cline

15. Birthplace Williamsport Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Lingle

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof Nov 19 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Presbyterian Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) 11-5-43 (b) Zola M. Burris  
(Date received local registrar) (Registrar's signature)

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(City or town) (County) (State)

While at work? .....

(Specify type of place) (e) Means of injury .....

23. Signature J. R. Lingle (M. D. or other)

Address Bethany, Mo Date signed 11-3-43

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

**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 Joe E. Wheeler

Licensed Embalmer No. 3572

P. O. Address. Anthony Mrs

**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.**