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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7196

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1630 Pythian St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 90 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30

(c) City or town Urbana (Rural) 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth G. Lindsey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced ✓ 3

6. (b) Name of husband or wife Anthony Lindsey

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

7. Birth date of deceased Oct. 27 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name John Winkle
13. Birthplace Unk. Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Rainer
15. Birthplace Unk. Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lester Lindsey
(b) Address Urbana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 44 (Month) (Day) (Year)
(c) Place: burial or cremation Bowers Chapel Near Urbana Mo

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo

19. (a) 2-23-44 (Date received local registrar) (b) Dr W G Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 44 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1944, to Feb 21 1944
that I last saw her alive on 2/16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Deodermus

Due to ✓

Due to ✓

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

Major findings:
Of operations ✓ ? None

Of autopsy

Duration

46c

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature S F Freeman (M. D. or other)

Address Springfield Mo Date signed 2/22/44

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard B Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.