S. No. 2
DM—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7767

State File No. 65

Registration District No. 210 | Primary Registration District No. 4322 | Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Mercer
(b) City or town: Princeton
(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 years, months or days)
In this community: All her life

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

3. (a) PRINT FULL NAME: Missouri J. 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: Married
6. (b) Name of husband or wife: Arch M. Lindsey
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: Jan. (Month) 17 (Day) 1868 (Year)

8. AGE: Years 76 | Months | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace: Mercer Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Joseph Shook
FATHER 13. Birthplace: (City, town, or county) Penna. (State or foreign country)
MOTHER 14. Maiden name: Sarah Smith
MOTHER 15. Birthplace: (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mr. Arch Lindsey
(b) Address: Princeton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Princeton
18. (a) Signature of funeral director: Noel Moss
(b) Address: Princeton, Mo.
19. (a) 2-5-44 (Date received local registrar) (b) Leon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3. year 1944 hour 2 minute A M.
21. I hereby certify that I attended the deceased from Feb 2, 1944 to Feb 3, 1944 that I last saw h. alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion, hr
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): GHA
Major findings: Of operations:
Of autopsy:

Duration

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: [signature] (M. D. or other) MD
Address: Princeton Mo. Date signed 2/4/46

1361 (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 Me,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.