

1. PLACE OF DEATH:

(a) County Jay

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

(c) Name of hospital or institution: Residence - Mt. Grove Rt #4 Clinton City or town Mt. Grove Mo Rt #4 (If outside city or town limit, write "RURAL")

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: 107

(a) County Jay State Missouri (b) County Texas

(c) City or town Mt. Grove Mo Rt #4 (If outside city or town limit, write "RURAL")

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

(e) If foreign born, how long in U. S. A. 7 years.

3. (a) PRINT FULL NAME EARL JOSEPH LINCOLN

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month MAR. day 22 year 1944 hour 2 minute 25 P.M.

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

21. I hereby certify that I attended the deceased from JUNE 4, 1941 to MAR. 22, 1944 that I last saw him alive on MAR. 20, 1944 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 single

Immediate cause of death LOBAR PNEUMONIA LEFT LOWER LOBE Duration \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept - 16 - 1923 (Month) (Day) (Year)

8. AGE: Years 20 Months 6 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Invalid most of life

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred Earnest Lincoln

13. Birthplace Osage Co, Kansas (City, town or county) (State or foreign country)

14. Maiden name Albusta Meeker

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

16. (a) Informant Mr. Fred E. Lincoln

(b) Address Mt. Grove, Mo Rt #4

17. (a) Burial (b) Date thereof Mar 25-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Kansas

18. (a) Signature of funeral director George K. K...

(b) Address Mt. Grove, Mo

19. (a) March 23-44 (b) Mar Lou Miller (Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 108 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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place)

23. Signature L. M. Dellman (M. D. or other) M.D. Address Houston, Mo. Date signed 3-22-44

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

07  
00  
0

1239

RECEIVED

District Health Officer No. 5,  
District File Number 444249  
Date Filed 7.10.44

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

*George Stapp*

Licensed Embalmer No. 3161

P. O. Address *W. H. Green*

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, above space should be left blank.