

**FILED SEP 10 1944**  
Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Little Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 1 Caruthersville, Mo.  
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. Rt. 1 Box 83 Caruthersville, Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Junior Roland Lindsey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased August 22 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pemiscot (City, town, or county) (State or foreign country) 0

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Elves Lindsey

13. Birthplace Butler County, Ky. (City, town, or county) (State or foreign country)

14. Maiden name Esmal Lacy

15. Birthplace Pemiscot Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Elves Lindsey

(b) Address Rt 1 Box 83 Caruthersville, Mo.

17. (a) Burial (b) Date thereof 8 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director: W.S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 8-24-1944 (b) Jessie N. Markley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd year 1944 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 8-22-1944 to 8-22-1944

that I last saw him alive on 8-22-1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Don't know. Delivered a normal full term baby & it died 30 hrs. later. Never saw it after delivery.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. J. Quinn (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 8-25-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

78  
00

78  
00

MOTHER FATHER

8-44-199

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**