

No. 2
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5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33828

FILED OCT 17 1944

Registration District No. 48

Primary Registration District No. 2007

Registrar's No. 301

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hosp. 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 440 W. Lester
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mae R. Lindsay

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 Joel H. Lindsay (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 5 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 4 hr. _____ min.

9. Birthplace Wayne County Greenwood Valley Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown Rutledge
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Katherine Duncan
15. Birthplace Greenwood Valley Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dr. A. L. Lindsay
(b) Address 440 W. Lester Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Sept 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Frank Cottrell

(b) Address Poplar Bluff, Mo.

19. (a) 9-14-44 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1944 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 3, 1944 to Sept 10, 1944
that I last saw her alive on Sept 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration 3 weeks
Due to Encephalitis 1937

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 922 PHYSICIAN _____
Of operations _____
Of autopsy _____
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) _____
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 9-14-44

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

MOTHER FATHER

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RECEIVED

District Health Office No. 2,

District File Number 1044-1341

Date Filed 10-11-44

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 Paul Richard Brown

Licensed Embalmer No. 4320

P. O. Address Poplar Bluff, 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.