

FILED JAN 20 1945

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
101 Price Ave.
(If not in hospital or institution, write street number or location)

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

In this community 33 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 7

(d) Street No. 101 Price Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 11

3. (a) PRINT FULL NAME CHALISTA RUTH LINDSEY

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Newton Lindsey

6. (c) Age of husband or wife if alive 8 - 9 - 1935 years

7. Birth date of deceased: 8 - 9 - 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Moravia Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name George W. Keener

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

14. Maiden name Dorcas Amanda Langford

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

16. (a) Informant Miss Dorcas Lindsey

(b) Address 101 Price, Columbia, Mo.

17. (a) Removal (b) Date thereof 12-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Green Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 12-24-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1944 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec - 1 - 1944 to Dec - 23 - 1944
that I last saw her alive on Dec - 22 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease
Duration _____

Due to _____
Due to _____

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

Major findings:
Of operations none
Of autopsy none

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. D

23. Signature F. C. Suggett (M. D. or other) M.D.
Address Columbia Date signed 12-23-44

RECEIVED

District Health Officer No. 91

District File Number.....

Date Filed 1-19-45

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 Thos L. Train

Licensed Embalmer No. 4132

P. O. Address Columbia, Md.

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.