No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30941

FILED OCT 11 1945

State File No.

Registration District No. 198

Primary Registration District No. 5718

Registrar's No. 7

1. PLACE OF DEATH:
(a) County McDonald Co. Mo
(b) City or town Rural Prairie Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Mo (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Benjamin Franklin 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 married
6. (b) Name of husband or wife Martha E. Lindsey
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb (Month) 23 (Day) 1866 (Year)

8. AGE: Years 79 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Collins Co Texas (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Felix G. Lindsey
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Flaster
15. Birthplace Stockton Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dwight Sanders
(b) Address South West City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Southwest City Mo.
18. (a) Signature of funeral director M. W. Green
(b) Address Pryor Ck
19. (a) SEP 18 1945 (Date received for registry) (b) John J. Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16
year 45 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 1, 1943, to Sept 16, 1945
that I last saw him alive on 9-16-45, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of the Heart
Due to Acute Indigestion
Due to
Other conditions Hypertension, Arteriosclerosis
(Include pregnancy within 3 months of death) Chr. Arthritis
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?
(Specify type of place)
While at work? (e) Means of injury?
23. Signature R. E. Varwack (M. D. or other) M.D.
Address Southwest City Mo Date signed 9-16-45

(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.....

....., 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.