6. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 40425

Registration District No. 16 Primary Registration District No. 5075 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Golden City, Rural Golden City
(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 years, months or days)
In this community 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton 6
(c) City or town Golden City, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Golden City, Rural Route #1 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Nimrod Lingle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 13 (Day) 1870 (Year)
8. AGE: Years 75 Months 6 Days 26 If less than one day hr. min.
9. Birthplace Warsaw (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name George Richard Lingle
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Elizabeth Langford
15. Birthplace Baten Rouge (City, town, or county) La. (State or foreign country)
16. (a) Informant Earl Lingle
(b) Address Golden City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F.cem.Golden City
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Missouri
19. (a) Dec. 10-1945 (Date received local registrar) (b) Hazel H. Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Dec 9 year 1945 hour 6 minute 0 A.M.
21. I hereby certify that I attended the deceased from Sept 16 1945 to Nov 26 1945 that I last saw him alive on Nov 26 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 1/2 Mos
Due to Arteriosclerosis of at least 20 years duration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J M Brooks (M. D. or other)
Address Golden City Mo Date signed Dec 10-1945

1447 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 146-43
Date Filed JAN 9 1946

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 J H Hugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.