

FILED JAN 8 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1417

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 yr. 5 mo. 2 da.
(Specify whether
In this community 14 yrs. 5 Mo. 2 Da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson //
(c) City or town Kansas City //
(If outside city or town limits, write "RURAL") //
(d) Street No. 710 Woodland //
(If rural, give location) //
(e) Citizen of foreign country? no (Yes or No) //
If yes, name country

3. (a) PRINT FULL NAME LEONARD LINDSEY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased 2-11-14
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 10 20 hr. min.

9. Birthplace Neosho, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation restaurant work

MOTHER FATHER

11. Industry or business -----
12. Name John Lindsey
13. Birthplace Benton County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dolly Underwood
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records
(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 12/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Mrs C.R. Foster
(b) Address Kansas City, Mo.

19. (a) Jan 2-1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1945 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from 12-1-45
to 12-31-45, 19____; that I last saw him alive on 12-29-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) (e) Means of injury
23. Signature [Signature] (other) -----
Address St. Joseph, Mo. Date signed 1/31

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

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 me
....., Registered Apprentice No.
..... working under my personal supervision.

Signed

Wm K. Jackson

Licensed Embalmer No.

3954

P. O. Address

918 Brooklyn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

K. E. M.