DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

134

FILED JAN 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. 41568

Registration District No. 164 Primary Registration District No. 3-032 5599 Registrar's No. 115

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Hazel Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hazel Hill Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Hazel Hill Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alice Belle Lindsey

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

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 July (Month) 12 (Day) 1868 (Year)

8. AGE: Years 77 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Benton County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Morton
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bray
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman Lindsey 1
(b) Address Hazel Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Butcher Cemetery

18. (a) Signature of funeral director W. R. Wilcox
(b) Address Warrensburg

19. (a) 12/3/45 (Date received local registrar) (b) Savaugh Crutchfield Carl Union Supp.

1686

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1945 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from Nov 9, 1945 to Nov 29, 1945 that I last saw her alive on Nov 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach about 1 yr

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.

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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 0

23. Signature Wm R Patterson (M. D. or other)

Address Warrensburg Mo. Date signed 12-3-45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

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.....myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Samuel B. McCluney

Licensed Embalmer No. 3557

P. O. Address Warrensburg, Mo.

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

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