S. No. 2
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P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1544
Registrar's No. 528

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

1093

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3730 Bell St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3730 Bell St. 8
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John O Lindsay

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M (1)

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 Sept (Month) 23 (Day) 1868 (Year)

8. AGE: Years 77 Months 4 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace No Record (City, town, or county) Ind / (State or foreign country)

10. Usual occupation Farmer (RETIRED)

11. Industry or business

FATHER
12. Name John Lindsay
13. Birthplace No Record (City, town, or county) Ind. / (State or foreign country)

MOTHER
14. Maiden name Nancy Moore
15. Birthplace No Record (City, town, or county) Ind / (State or foreign country)

16. (a) Informant Mrs. C.F. Kester
(b) Address 3730 Bell St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Sales Funeral Home
(b) Address 41st + State Line K.C.K.

19. (a) 2-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1946 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from June, 1945 to Jan 30, 1946
that I last saw him alive on Jan 29, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolus	2 days
Due to Arteriosclerosis + Hypertension	1 + yr.
Due to	
Other conditions Biliary Cirrhosis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations None
Of autopsy None. 124 L

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) None
(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 [signature] Body M. D. or other
Address 243 Plaza Med Bldg KC Mo Date signed Jan 30 46

(Licensed Embalmer's Statement on Reverse Side)

Dr Boody

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 D Ross Blomford

Licensed Embalmer No. 40/5

P. O. Address 41st & State Line

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.