

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED JAN 31 1946

Registration District No. 149

Primary Registration District No. 1002

227

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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 12 days  
(Specify whether years, months or days)

In this community 50 years  
(Specify whether 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. 1526 Central  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lloyd Lindsey

3. (b) If veteran, name war No

3. (c) Social Security No. 500-05-1705

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora lindsey

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. 25th, 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13  
year 1946 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1945, to Jan. 13, 1946  
and that death occurred on the date and hour stated above.

that I last saw him alive on Jan. 13, 1946

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>2</u>	<u>18</u>	hr. min.

Immediate cause of death \_\_\_\_\_

Carcinoma of lung

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Geotрге Lindsey

13. Birthplace Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Eckert

15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 472

Of operations \_\_\_\_\_

Of autopsy See above

Underline the cause to which death should be charged statistically.

16. (a) Informant Opal Swader

(b) Address 3520 Thompson Ave.

17. (a) Burial (b) Date thereof 1/16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th. St.

19. (a) 1-15-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature Clark W Seely (Specify type of place) (e) Means of injury \_\_\_\_\_  
(City or town) (County) (State)

Address Med. Dir. Gen'l Hosp Date signed 1-14-46

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

1094

*A. Myer*

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**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. M. B. Corp*  
Licensed Embalmer No. *2955*  
P. O. Address *P. E. 910*

**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.**