

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

State File No. 4427

FILED FEB 7 1946

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove
(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) 2 years

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John E. Lindley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Kathryn Lindley

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 1 21 hr. min.

9. Birthplace Brookfield Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Shipping Clerk

11. Industry or business Railroad

MOTHER FATHER { 12. Name William Lindley

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

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John E. Lindley /

(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof 1/17/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Nebraska

18. (a) Signature of funeral director [Signature]

(b) Address Mountain Grove Missouri

19. (a) 1-14-46 (b) A. B. Ames
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mountain Grove /
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1946 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 2 -, 1946, to Jan. 10 -, 1946
that I last saw him alive on Jan. 9 -, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: 920

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Mo. Home Des. Date signed 1-14-46

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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 *George Stoff*

Licensed Embalmer No. *5161*

P. O. Address *W. E. Bruce 740*

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.