

**FILED** MAR 8 1946

Registration District No. 18 Primary Registration District No. 3002

**1. PLACE OF DEATH:**  
 (a) County Audrain  
 (b) City or town Mexico, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Audrain Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution four days  
(Specify whether in this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Audrain 4  
 (c) City or town Mexico, Rural 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. rural 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Albert W. Lincoln  
 3. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 20  
 year 1946 hour 11 minute 45 A-M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Martha Lincoln  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 8 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 16 1946 to Jan 20 1946  
 that I last saw him alive on Jan 20 and that death occurred on the date and hour stated above.  
 Immediate cause of death Apoplexy  
 Duration \_\_\_\_\_

**8. AGE:** Years 86 Months 0 Days 12  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Hypertension  
 Due to Arteriosclerosis  
 Other conditions Senility  
(Include pregnancy within 3 months of death)

9. Birthplace Buda, Ill  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy §30  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name George P. Lincoln  
 13. Birthplace Ill  
(City, town, or county) (State or foreign country)  
 14. Maiden name Emma Osburn  
 15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Dale Lincoln  
 (b) Address Mexico, Mo  
 17. (a) Burial (b) Date thereof Jan 22, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood

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? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
 (b) Address MEXICO, MO  
 19. (a) Jan 22-46 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature R. S. Williams (M. D. or other) M.D.  
 Address Mexico Mo Date signed 1/21/46

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

3515

1  
2

MAR 31 1948

NOV 25 1951

RECEIVED

District Health Officer No. 10

District File Number 3-46-400

Date Filed MAR 7 1948

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 *Everett R. Head*

Licensed Embalmer No. 4038

P. O. Address *Mexico, Mo*

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.