

FILED AUG 20 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 minutes
(Specify whether
In this community 5 minutes
years, months or days)

3. (a) PRINT FULL NAME Baby Boy Lindsay
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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 10th 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 5 min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Robert S. Lindsay
13. Birthplace Bryansburg Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Zerma Giboney
15. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert S. Lindsay
(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 8-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 8-14-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 16
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau, Mo
(If outside city or town limits, write "RURAL") 4
(d) Street No. 1413 Bloomfield
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1946 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from 8/10, 1946 to 8/10, 1946
that I last saw him alive on 8/10 and that death occurred on the date and hour stated above. 1946

Immediate cause of death: Plenately Duration: 1 hr

Due to: ✓
Due to: ✓

Other conditions: 159
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations: ✓
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 W. Washley (M. D. or other) MD
Address Cape Girardeau, Mo Date signed 8/10/46

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

RECEIVED

District Health Officer No. 4

District File Number 846-2514

Date Filed 8-19-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.