

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 12 1947**  
278

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5752

State File No. \_\_\_\_\_

Registrar's No. 14

Registration District No. \_\_\_\_\_

Primary Registration District No. 5953

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

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Rural - Buffalo  
(c) Name of hospital or institution:  
Near Vera  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
In this community 67-3-24 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike 82  
(c) City or town Rural - Buffalo Tennesse  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Vera Mo. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Claude B. Lindsey  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 4  
year 1947 hour 7 minute 30 P.M.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Nellie Lindsey 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased: Oct. 8 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-6-1946 to 2-4-1947  
that I last saw him alive on 1-8-1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 3 Days 24 If less than one day  
hr. min.

Immediate cause of death: interstitial nephritis  
Duration \_\_\_\_\_

9. Birthplace Near Louisiana Mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Lum Lindsey  
13. Birthplace Near Louisiana Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Bettie Edleman  
15. Birthplace P.R. Co. Mo  
(City, town, or county) (State or foreign country)

Major findings: None  
Of operations: None  
Of autopsy: None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nellie Lindsey  
(b) Address Louisian Mo - Rural -  
Rural  
17. (a) Rural (b) Date thereof 2-6-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bowling Green Cem  
18. (a) Signature of funeral director W. B. Emore  
(b) Address Bowling Green Mo  
19. (a) 2-6-47 (b) Bernice Collier  
(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 None  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Shammon (M. D. \_\_\_\_\_)  
Address Louisiana, Mo. Date signed 2-5-47

APR 15 1954

RECEIVED  
District Health Officer No. 10  
Dist. File Number 3-47-488  
Date Filed MAR-1-1-1947

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 W. B. Emore

Licensed Embalmer No. 3466

P. O. Address Bushy Green

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.