S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1947

Registration District No. 136

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9658

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days) In this community: 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JASPER

(c) City or town: CARTHAGE (If outside city or town limits, write "RURAL")

(d) Street No.: 611 E. Centennial Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Ronald Alvin Lindsey

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: January (Month) 9 (Day) 1947 (Year)

8. AGE: Years 0 Months 2 Days 1 If less than one day: hr. min.

9. Birthplace: CARTHAGE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: at home

11. Industry or business: — — —

MOTHER FATHER

12. Name: Alvin Lindsey

13. Birthplace: FLORAL (City, town, or county) ARKANSAS (State or foreign country)

14. Maiden name: Irene Lowe

15. Birthplace: Everweg (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Alvin Lindsey

(b) Address: 611 E. Centennial - Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: MAR 12 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Mo

19. (a) 3-12-47 (Date received local registrar) (b) A D Jarner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 10 year: 1947 hour: 8 minute: P M.

21. I hereby certify that I attended the deceased from Mar 10, 1947 to Mar 10, 1947; that I last saw him alive on March 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: dehydration and acidosis	2 da
Due to: post-pneumonia	1 wk
Due to:	
Other conditions: gastro-enteritis (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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Walter Howard (M. D. or other)

Address: Joplin, Mo Date signed: 3/11/47

138 (Licensed Embalmer's Statement on Reverse Side)

47-3-214

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 Lois R. Knell, Registered Apprentice No. 404, working under my personal supervision.

Signed Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.