

No. 2
12-45
-17-39
X47070

FILED APR 1 1947
Registration District No. **280**

Primary Registration District No. **5966**

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

1. PLACE OF DEATH:

(a) County PHATTE

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

(c) Name of hospital or institution:
6 1/2 miles Northwest Smithville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community 1.5 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PHATTE **83**

(c) City or town RURAL PRESTON Township
(If outside city or town limits, write "RURAL")

(d) Street No. 6 1/2 miles Northwest Smithville
(If rural, give location)

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

If yes, name country NONE

3. (a) PRINT FULL NAME CHARLES RICHARD LINDSAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3
year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife MAUDE RUTH LINDSAY

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JANUARY 31, 1878
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Regional Stenosis causing almost complete obstruction ch. cholecyctitis Duration _____

8. AGE: Years 69 Months 0 Days 31 If less than one day hr. min.

Due to _____

Due to _____

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

9. Birthplace State of OYIDA, KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SAME

12. Name HENRY B. LINDSAY

13. Birthplace CHS WIS.
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. SHEPHERD

15. Birthplace CHS PENNS.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. MAUDE LINDSAY

(b) Address Edgerton, Mo. R.F.D.

17. (a) BURIAL (b) Date thereof MAR. 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILLS, KANSAS CITY, MO.

18. (a) Signature of funeral director McCOMAS FUNERAL HOME

(b) Address Smithville, Mo.

19. (a) Mos. 19-49 (b) Mrs. Ophelia Rollin
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy: Regional Stenosis causing obstruction ch. cholecyctitis

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? EBHobb (b) Means of injury _____ **97A**

23. Signature EBHobb (M. D. or other) _____

Address Smithville, Mo. Date signed 3-4-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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
Ronald W. Hanks, Registered Apprentice No. 425
working under my personal supervision.

Signed

Licensed Embalmer No. 3940

P. O. Address: Smithville, 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.