

FILED DEC 2 1947

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

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Adrian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 60 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Adrian  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME William Thomas Lincoln

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased January 16 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 10 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Milltown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Washington Lincoln

13. Birthplace Milltown Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Debora Denton

15. Birthplace Milltown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lincoln

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 11-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Leath & Son

(b) Address Adrian Mo.

19. (a) 11-26-47 (b) Myra Owens  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25  
year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb. 13, 1941, to Nov 25, 1947;  
that I last saw him alive on Nov 25, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 24 hrs.

Due to General Debility

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 107

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 2

23. Signature D. J. Colson M.D. (M. D. or other)

Address Adrian Mo. Date signed 11-26-47

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

100

RECEIVED  
District Health Officer No. 7,  
District No. 11-47-1378  
Date Filed 13-1-47

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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.....  
& Fred T. Creath #3343....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3650.....

P.O. Address Adrian 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, above space should be left blank.