

No. 2
-5-43
17-39
X36679

FILED JUN 1 1948

State File No.

Registration District No. 237

Primary Registration District No. 4353

Registrar's No. 6

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Gideon
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community # hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sevier
(c) City or town Peach Orchard 78
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Billy Ray Lindley
3. (b) If veteran, name war no
3. (c) Social Security No. 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 21 year 1947 hour 8 minute 15 M.
21. I hereby certify that I attended the deceased from 9-21-47 to 9-21-47 that I last saw h. alive on 9-21-47 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Sept 21 1947
(Month) (Day) (Year)

Immediate cause of death, Respiratory Failure Duration 1 hr. 10 min.

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 10 min.

Due to atelectasis
Due to Situs Transversus

9. Birthplace Gideon Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation infant

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 16/10
Of autopsy

11. Industry or business
12. Name Johnny Lindley
13. Birthplace Red Bay Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Joyce Walle
15. Birthplace Hubbard Valley Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Johnny Lindley
(b) Address Peach Orchard Mo.
17. (a) Burial (b) Date thereof 9-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph

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?

18. (a) Signature of funeral director Walter D. Dyer
(b) Address Peach Orchard Mo.
19. (a) May 28, 1948 (b) Mr. Byron Sharp
(Date received local registrar) (Registrar's signature)

23. Signature W. Hopkin (M. D. or other)
Address Gideon, Mo. Date signed 9-22-47

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

RECEIVED

District Health Office No. 2,

District File Number 548-694

Date Filed 5-27-48

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.