S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 136

Primary Registration District No. 3006

Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cancer Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 602 North Franklin
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Nellie Grant Lindsay
3. (b) If veteran, name war: #
3. (c) Social Security No.: #
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Reuben L. Lindsay
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Feburary (Month) 27 (Day) 1882 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 10 | 2 | ..... hr. ..... min. |

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: " "
MOTHER FATHER
12. Name: Fred Keller
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Jessie Keller
15. Birthplace: Unknown (City, town, or county) England (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: Columbia, Mo.
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 1/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshall, Mo.
18. (a) Signature of funeral director: Arlie Bussey
(b) Address: Marshall Mo.
19. (a) 1-22-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21 year 1948 hour 8 minute ..... M.
21. I hereby certify that I attended the deceased from 1-9- 1948 to 1-21 1948; that I last saw her alive on 1-21-48 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Ovaries | 6 mo |
| Due to: with generalized metastases | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: See above | |
| Of autopsy: See above | |

PHYSICIAN
Underline the cause of 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: Frank V. Ackerman M.D. (M. D. or other)
Address: Cancer Hospital, Columbia, Mo. Date signed 2/9/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Leslie Swarney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.