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 FEB 3 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1615

Registration District No. 169 Primary Registration District No. 5622 Registrar's No. 195

1. PLACE OF DEATH:

(a) County Knox

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

(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 (Specify whether
In this community Life in Knox County
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town LaBelle Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles North West of LaBelle 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louisa Lindsay

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F/

5. Color or race W

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

6. (b) Name of husband or wife Curtis H.Lindsay

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

7. Birth date of deceased April - 6 - 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Newark (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business

FATHER
12. Name W.J.lankford /
13. Birthplace uk (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Lucinda Wright /
15. Birthplace uk (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant J. H. Lindsey
(b) Address Edina Mo R.4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Harmony.- Knox County, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) Jan-20-48 (Date received local registrar) (b) Nell S. Nunnett (Registrar's signature) 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1948 hour 3 minute 30A M.

21. I hereby certify that I attended the deceased from Oct 1947 to Jan 19 1948
that I last saw her alive on Jan 18 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	4 yrs
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Waldo B. Irons (M. D. or other) MD
Address Knox City Mo Date signed 1/20/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 48-181
Date Filed JAN 29 1948

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.