

No. 2
2-45
17-39
X47070

FILED MAR 23 1948

Registration District No. **59**

Primary Registration District No. **4102**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Craigton**
(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 **40 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
(c) City or town **Craigton**
(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 **Clifton Rhodes Lindsay**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Viola Lindsay**
6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **April 16 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **20** If less than one day hr. min.

9. Birthplace **Lovington Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired millowner**

11. Industry or business **Retired millowner**

12. Name **Joshaway Lindsay**

13. Birthplace **KY**
(City, town, or county) (State or foreign country)

14. Maiden name **Thermella Lohorn**

15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas Lindsay**
(b) Address **Craigton, Mo.**

17. (a) **Burial** (b) Date thereof **8 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Spirit Cem.**
18. (a) Signature of funeral director **Herbert Arnold**
(b) Address **Craigton Mo.**
19. (a) **March 16 1948** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**
year **1948** hour **11:00** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **July 27**
1948, to **19**;
that I last saw him alive on **Feb 27**, **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **30 min**
Due to **Angina Pectoris** **1-yr**
Due to **Hypertension** **?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94A**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. J. McDonald** (M. D. or other)
Address **Union Mo.** Date signed **3/8-48**

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

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

Robert Arnold

Licensed Embalmer No.

3621

P. O. Address

Craighton 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.