

S. No. 2
1-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16980**

FILED MAY 24 1948

Registration District No. **210**

Primary Registration District No. **4322**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Princeton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **no**
(If not in hospital or institution, write **no** number or location)
(d) Length of stay: In hospital or institution: **all her life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Mercer**
(c) City or town **Princeton**
(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 **no**

3. (a) PRINT FULL NAME **Dora Lindsey**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **wid ow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 27, 1866**
(Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Mercer Co., Mo**
(City, town, or county) (State or foreign country)
housewife

10. Usual occupation _____

11. Industry or business _____

12. Name **Calloway Harper**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Morin**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glarence Lindsey**
(b) Address **Princeton, Mo**

17. (a) **burial** (b) Date thereof **5-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
Princeton
(c) Place: burial or cremation **Noel Moss**

18. (a) Signature of funeral director **Noel Moss**
(b) Address **Princeton, Mo**

19. (a) **5-8-48** (b) **M. J. Ruth**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **may** day **7** year **1948** hour **7** minute **45** M.
21. I hereby certify that I attended the deceased from **april** 19**48** to **may 7** 19**48**
that I last saw her alive on **may 7** 19**48**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Cerebral Stroke**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy **none**

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? _____ (Specify type of place)
23. Signature **J. M. Currier M.D.** (M. D. or other)
Address **Princeton, Mo** Date signed **5/8-48**

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

MOTHER FATHER

1-5
1-6
0

DISTRICT HEALTH OFFICE
Cameron

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 Joel Mass

Licensed Embalmer No. 9634

P. O. Address Granite MS

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.