

2
7-39

FILED DEC 13 1948

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1325

1. PLACE OF DEATH

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mos. 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emmett P. Lindhey

3. (b) If veteran, name war No

3. (c) Social Security No. Nil

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Rindley

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 15 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>24</u>	hr. min.

9. Birthplace Union Star Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Stanberry, Mo

12. Name Edward Rindley

13. Birthplace Union Star Mo
(City, town, or county) (State or foreign country)

14. Maiden name Edna Ruth Ketchum

15. Birthplace Union Star Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Rindley

(b) Address Stanberry Mo

17. (a) Burial (b) Date thereof 12/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry, Mo

18. (a) Signature of funeral director Neator Bowman

(b) Address St. Joseph, Mo

19. (a) 12-11-48 (b) K. K. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Stanberry Mo 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1948 hour 3 minute 15 a. M.

21. I hereby certify that I attended the deceased from Aug 30, 1948
to 12-9, 1948
that I last saw him alive on 12-8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonitis and myocarditis
Due to arteriosclerosis

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

Major findings: 935

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Na

(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 E. L. Jones (M. D. or D.O.) 12/9 1948
Address State Hospital # 2 Date signed 12/9 1948

Duration a few days
8 months

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

1951 3 100

FEB 20 1950

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.....

Danny E. Becker....., Registered Apprentice No. *287*
working under my personal supervision.

Signed.....*William Gulley*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. H. J. J. J.*

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.