

S. No. 300
DM - 10-47
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I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40227**
Registrar's No. **5114**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4535 Main St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 yrs
years, months or days)

3. (a) PRINT FULL NAME Susan Ann 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 Widow

6. (b) Name of husband or wife W.P. Lindsey

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

7. Birth date of deceased: Mar-15-1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>93</u>	<u>9</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Andrew Clements

13. Birthplace Ky-1
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Ky-1
(City, town, or county) (State or foreign country)

16. (a) Informant Edward S. Lindsey

(b) Address 4535 Main St

17. (a) Removal (b) Date thereof Dec 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Mo

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn

19. (a) 12-16-48 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4535 Main St
(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 16
year 1948 hour 12¹⁵ minute 11 M.

21. I hereby certify that I attended the deceased from before 19____ to _____ 19____;
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no
History & Prepartem

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)

(c) Means of injury _____

James C. Walker
Signature James Walker (M. D. or other) Coroner
Address 1414 1/2 N. 1st Date signed 12-16-48

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.....

Joe B. Yoder

Licensed Embalmer No.....

4173

P. O. Address.....

K.C. 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.