

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10786

State File No. \_\_\_\_\_

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor

(c) Name of hospital or institution: 710 S. Tebo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 710 S. Tebo  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Jones Lindsey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1941 hour 7:30 a pm M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Oneida Heary Lindsey

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 8 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 2 1941 to March 8 1941 that I last saw him alive on March 8 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 6 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pneumonia

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

10. Usual occupation Carpenter

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wayne Lindsey

13. Birthplace Circle Ville Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Arnold

15. Birthplace unknown Pennsylvania  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. W. J. Lindsey

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 3-12-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Sign [Signature] (M. D. or other) MD

Address Windsor Mo Date signed 3-12-41

RECEIVED  
DISTRICT FILE  
Date Filed  
11/14/16/192

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: *Edw. M. Huston*

Licensed Embalmer No. *3391*

P. O. Address *Windsor, 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.