

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21288

Do not use this space.

## 1. PLACE OF DEATH

(a) County HENRY Registration District No. 347  
 (b) Township CLINTON Primary Registration District No. 3018  
 (c) City CLINTON (d) Street No. 1 St. 0  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Leslie Robert Lingle  
 (a) Residence, No. 214 N. 2nd St. 0  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ella B Lingle ~~WIFE~~  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-1877  
 7. AGE YEARS 65 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo  
 13. NAME Geo R Lingle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN  
 15. MAIDEN NAME Ella Withers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT (ADDRESS) Ella B Lingle  
Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6-17 1942  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson  
Clinton Mo  
 20. FILED June 17, 1942 Georgia Kitchener  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1942 to June 15, 1942  
 I last saw him alive on June 13, 1942 Death is said to have occurred on the date stated above, at 6:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

9/4 a

Other contributory causes of importance:

acute attack of lead poisoning  
calic. one previous attack  
12 months ago

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?.....  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Geo. J. [Signature](Address) Clinton Mo

1942

1047 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Health Officer No. 78

for no. 78 number 7-42-699

been given 7-7-42

**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 Fred W. Keason  
Licensed Embalmer No. 2478  
P. O. Address Clinton, 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, above space should be left blank.**