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43
39
35697

State File No. _____

FILED JUN 17 1944

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Henry
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(NOT IN HOSPITAL) - END NORTH 4th ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community: (NOT HOSPITAL) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. North 4th ST.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
* If yes, name country _____

3. (a) PRINT FULL NAME Reuban Jasper Lindsay

3. (b) If veteran, name war (NO) 3. (c) Social Security No. 500-10-7365

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 18 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 1 7 hr. min.

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

10. Usual occupation STONE MASON & TRUCKER

11. Industry or business _____

12. Name Perry Lindsay

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

14. Maiden name Lizzie Kerr

15. Birthplace Benton Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Perry Lindsay

(b) Address CLINTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr 29 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Colored Cemetery

18. (a) Signature of funeral director Spores Son

(b) Address CLINTON MO

19. (a) May 2 1944 (Date recd of local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day April year 1944 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from April 12 1944 to April 12 1944; that I last saw him alive on April 12 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung 290

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H7D

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 0

23. Signature Joseph B. Hall (M. D. or other) MD

Address Clinton Mo Date signed 4-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

WHITE LABEL - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 76
District File Number 5-44-715
Date Filed 6-6-44

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, ~~by~~

....., Registered Apprentice No.

working under my personal supervision.

Signed *W. J. Tinsant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.