

U. S. No. 2
 FORM-5-42
 Rev. 5-17-39
 WI X327

19270

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1943 38

Registration District No. 238

Primary Registration District No. 6148

Registrar's No.

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Bloomfield, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None / Coslin Hwy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. ----- (Specify whether
 In this community Years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103
 (a) State Missouri (b) County Stoddard 0
 (c) City or town Bloomfield, Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country. 0

3. (a) PRINT FULL NAME ANTHONY J. LINCOLN
 3. (b) If veteran, name war ***** 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 20th
 year 1943 hour 3:00 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Katie Lincoln 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased Sept. 14, 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 6 1943 to April 20 1943
 that I last saw him alive on April 19 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>6</u>	hr. min.

Immediate cause of death Valvular heart lesion
Arteriosclerosis
 Duration

9. Birthplace Not known (City, town, or county) (State or foreign country) 9
 10. Usual occupation Farmer

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death) 92d

11. Industry or business
 12. Name William G. Lincoln
 13. Birthplace Missouri (City, town, or county) (State or foreign country) 9
 14. Maiden name Mary Boyd
 15. Birthplace Not Known (City, town, or county) (State or foreign country) 9

Major findings: Of operations
 Of autopsy None
 PHYSICIAN

16. (a) Informant Mrs. Ralph Mc Ferron
 (b) Address Bloomfield, Mo. Rural
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-43 (Month) (Day) (Year)
 (c) Place: burial or cremation North Antioch cem.
 18. (a) Signature of funeral director Chiles Und. Co.
 (b) Address Bloomfield, Mo.
 19. (a) May 4th 1943 (Date received local registrar) (b) Paul E. Luere (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?
 While at work? (Specify type of place) Means of injury
 23. Signature John Wilson (M. D. or other) 4/25/43
 Address Bloomfield, Mo. Date signed

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 613-764

Date Filed 6-7-43

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 Deceased was not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.