

# Cooper County

**Lindsay, Willis** (28 Sep 1842-19 Nov 1940) Pvt Co D & E 62<sup>nd</sup> US Colored Inf. Buried Bunceton, MO

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38561**  
District No. **219** Primary Registration District No. **4132** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Bunceton  
(c) Name of hospital or institution none  
(d) Length of stay: In hospital or institution none  
In this community 51 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper  
(c) City or town Bunceton  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Willis Lindsay  
3. (b) If veteran, name war Civil War 3. (c) Social Security No. none

4. Sex Male 5. Color Colored 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife Betty Lindsay 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 28 1842  
(Month) (Day) (Year)

8. AGE: Years 98 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Common Labor

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

MOTHER FATHER  
12. Name Unknown 9  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Frank Lindsay  
(b) Address Bunceton, Mo.

17. (a) Burial (b) Date thereof Nov. 22, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bunceton, Mo.

18. (a) Signature of funeral director A. H. Parker  
(b) Address Bunceton, Mo.

19. (a) 11-23-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 19  
year 1940 hour 10 minute 40 a. M.

21. I hereby certify that I attended the deceased from Nov 18  
1940 to Nov 19 1940  
that I last saw him alive on Nov 18 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Ischemic Paralysis Duration \_\_\_\_\_  
Due to Age  
Due to \_\_\_\_\_  
Other conditions Senile  
(Include pregnancy within 3 months of death)  
Major findings: Of operations None  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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?  
no  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature V. H. Record (M. D. or other) \_\_\_\_\_  
Address Bunceton, Mo. Date signed Nov 22 1940

(Licensed Embalmer's Statement on Reverse Side)

