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

FILED AUG 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25296

Registration District No. 347 Primary Registration District No. 55019 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Henry
(b) ~~City or town~~ Rural, Leesville Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Rural, Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Hetta Morgan Tindle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife M. H. Tindle

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 26, 1875 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Allen County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J. D. Morgan
13. Birthplace Allen County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Lucy Whitney
15. Birthplace Allen County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant M. H. Tindle
(b) Address RFD, Lincoln, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) 7-27-40 (Date received local registrar) (b) Dr. J. R. Humpston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1940 hour 10:50 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 10, 1930, to July 13, 1940 that I last saw he alive on July 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration 10 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. O. Stratton (M. D. or other)
Address Lincoln Mo. Date signed 7-17-40

(Licensed Embalmer's Statement on Reverse Side)

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 Ellsworth Hinton

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.