

2-40  
7-39  
K23159

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 874

NOV 12 1940

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 829 S. Weller  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 829 S. Weller  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Mary Tindle

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James A. Tindle 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 27, 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Homemaker

11. Industry or business In Home

12. Name Aaron Brey

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

14. Maiden name Anna Wightman

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Tindle  
(b) Address Springfield, Mo

17. (a) Burial (b) Date thereof 10-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagelwood Cemetery  
(a) Signature of funeral director Anna Schmeyer  
(b) Address Springfield Mo

19. (a) 10-27-40 (b) W.E. Handley MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26  
year 1940 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 15 '40  
10-25-40, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on 10-25-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to result of Chronic Venous Disease

Due to \_\_\_\_\_

Other conditions 45P2  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

Duration \_\_\_\_\_  
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 \_\_\_\_\_  
Signature Ronald F. Ellis (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 11-1-40

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

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**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.....  


Licensed Embalmer No. 17670

P. O. Address Springfield, 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.

X