

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3779

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 28

30
6
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1219 East 4th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 7 years
years, months or days

3. (a) PRINT FULL NAME Earline Mae Tindell
 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 single

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

7. Birth date of deceased: June 7, 1933
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>7</u>	<u>12</u>	
				hr. _____ min.

9. Birthplace Sedalia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER {
 12. Name G.E. Tindell
 13. Birthplace Florence, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Campbell
 15. Birthplace Bigelow, New York
(City, town, or county) (State or foreign country)

16. (a) Informant G.E. Tindell (Father)
 (b) Address 1219 E. 4th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Jan 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill, Sedalia

18. (a) Signature of funeral director Miriam Ewing
 (b) Address Sedalia, Missouri

19. (a) 1-21-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1219 East 4th
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 19
 year 1941 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept., 1940, to January 19, 1941;
 that I last saw h. her alive on January 19, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary tuberculosis
 Due to _____
 Due to _____
 Other conditions 12/10
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?

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

23. Signature Gordon Stauffe (M. D. or other) MD
 Address Sedalia, Mo. Date signed 1-21-41

Dr. Stauffacher

RECEIVED
District Health Officer No. 8,
Office File Number
7-01-6

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.....

Quane Ewing

Licensed Embalmer No.

3847

P. O. Address.....

Sealed, 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.