. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

Registration District No. 997

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4499

State File No. 42255

Registrar's No. 133

1. PLACE OF DEATH:

(a) County: Shelby County

(b) City or town: Shelbina, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Simpson Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Three days (Specify whether years, months or days)

In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby

(c) City or town: Shelbyville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: John Benjamen Tingle

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widoved

6. (b) Name of husband or wife: Deceased

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

7. Birthdate of deceased: June 11th 1865 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Thomas Tingle
13. Birthplace: (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name: Mary E. Vestry
15. Birthplace: (City, town, or county) Maryland (State or foreign country)

16. (a) Informant: Mrs. Clifford Taylor
(b) Address: Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-20-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Bethany Cemetry

18. (a) Signature of funeral director: Lillion & Barkelew
(b) Address: Shelbina Mo.

19. (a) Jan 5-45 (Date received local registrar) (b) Madge Booth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 14 1944 to Dec 19 1944 that I last saw him alive on Dec 19 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to: Myocarditis & Atherosclerosis	
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: [illegible] (M. D. or other)

Address: Shelbina, Mo. Date signed: Jan 14 1945

1095

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar No. 10
District File Number 1-45-197
Date Filed JAN 12 1945

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 C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.