

S. No. 2
M-5-42
7. 5-17-39
X32073

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13462

State File No. _____
Registrar's No. 313

FILED APR 25 1945

Registration District No. _____ Primary Registration District No. 2000

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

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:
2332 N. NATIONAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 1 YR. 2 MO. 7 DAY (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 2332 N. NATIONAL
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NINA KAYE TINDLE
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 12 year 1945 hour 12 minute 30 A.M.

4. Sex FEMALE 5. Color of race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased: FEB. 5, 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-11, 1945 to 4-11, 1945; that I last saw him/her alive on 4-11, 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 2 Days 7 If less than one day hr. min.

Immediate cause of death Myocardial infarction Duration 3 days

9. Birthplace SPRINGFIELD MO.
(City, town, or county) (State or foreign country)

Due to Inf.
Due to (Tuberculosis)
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation CHILD
11. Industry or business AT HOME

Major findings: Tracheostomy
Of operations 4-11-45
Of autopsy no

12. Name MARVIN TINDLE
13. Birthplace POLK CO. MO.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name ALVA OKLA. I
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Tindle
(b) Address SPRINGFIELD MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13-1945
(Month) (Day) (Year)

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

18. (a) Signature of funeral director J. W. King
(b) Address SPRINGFIELD MO.
19. (a) 4-13-45 (Date received local registrar) (b) D. W. McHardy (Registrar's signature)

23. Signature D. J. Freeman (M. D. or other) _____
Address Spfld. Mo. Date signed _____

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

Wayne A. Hodges

Licensed Embalmer No.

4071

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