

S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37938

State File No.

FILED DEC 15 1947

Registration District No.

Primary Registration District No. 3025

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 7 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell **46**
(c) City or town West Plains **0**
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

John W. Tindall

3. (b) If veteran, name war X 3. (c) Social Security No 490-07-6766

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 11
6. (b) Name of husband or wife Rose R. Tindall 6. (c) Age of husband or wife if alive 18 years 73
7. Birth date of deceased April 22 (Month) (Day) (Year)

8. AGE: 74 Years Months Days If less than one day hr. min.

9. Birthplace Honeywell, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Machinist

11. Industry or business U. S. Steel Corp.,

MOTHER FATHER

12. Name Jas. Tindall a
13. Birthplace unk (City, town, or county) (State or foreign country)
14. Maiden name UNK
15. Birthplace UNK (City, town, or county) (State or foreign country)

16. (a) Informant JOE TINDALL

(b) Address St. Louis, Missouri

17. (a) B (b) Date thereof 10-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertsons
West Plains, Missouri

(b) Address West Plains, Missouri

19. (a) Dec 1-1947 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1947 hour 9 minute 30a M.

21. I hereby certify that I attended the deceased from Sept 20, 1947 to Oct 10, 1947
that I last saw him alive on Oct 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 947
Of autopsy

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?

While at Robertsons (Specify type of place) (e) Means of injury 079
23. Signature Robertsons (M. D. or other) M.D.
Address West Plains, Mo Date signed 13 Oct 47

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

RECEIVED

District No. 11th Floor No. 5,

District File No. 1247693

Date Filed 12-B-47

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.....

R J Drago
working under my personal supervision.

Registered Apprentice No. -432

Signed Walter A Roberts

Licensed Embalmer No. 3432

P. O. Address Metairie 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.