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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37505

Primary Registration District No. 3048

Registrar's No. 280

1. PLACE OF DEATH:

(a) County: Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway 74

(c) City or town: Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 822 East Third 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: EDITH FARMER TINDALL

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: Wm. A. Tindall

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: Dec. (Month) 9 (Day) 1873 (Year)

8. AGE: Years 74 | Months 11 | Days 7 | If less than one day: hr. min.

9. Birthplace: Hadley (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Thomas Farmer 4

13. Birthplace: Wales 1 (City, town, or county) (State or foreign country)

14. Maiden name: unknown 1

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

16. (a) Informant: Mr. Wm. A. Tindall.

(b) Address: Maryville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/18/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Miriam Cemetery

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville, Missouri

19. (a) 11-27-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1948 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 3 1948 to Nov. 16 1948 and that death occurred on the date and hour stated above.

that I last saw him alive on Nov. 16 1948

Immediate cause of death: Heart failure following acute coronary thrombosis

Due to:

Due to:

Other conditions: Hypertension from Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: Chas. T. Bell, M.D. (M. D. or other)

Address: Maryville Mo Date signed: 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1958

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.