

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

45008
Do not use this space.

114

1. PLACE OF DEATH
(a) County Wright Registration District No. 908
(b) Township Wm. Gore Primary Registration District No. 6222
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carl A. Lindholm
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Linder Lindholm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1873
7. AGE YEARS 66 MONTHS 7 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halsted, Hamar, Sweden
13. NAME Gustaf Lindholm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
15. MAIDEN NAME Hedda Berglund
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
17. INFORMANT George Lindholm (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Suedek Cemetery DATE Dec 19, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Bask
Mt. Grove, Mo.
20. FILED 12-20, 1939 Bernice Montgomery (Address) _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1939, to Dec. 16, 1939
I last saw h. m alive on Dec. 14, 1939. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Septicemia
Date of onset _____
Other contributory causes of importance:
Bruised right shoulder becoming infected.
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 12-11, 1939
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. W. Meyers, M. D.
Wm. Gore, Mo. (Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
DOM-9-19-38
I X18603

15. Death Officer No. 6,
Net File Number 100-260
Date Filed JAN 22 1940

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 Russell Barber
Licensed Embalmer No. 3848
P. O. Address Mt. Home, 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, above space should be left blank.