

FILED SEP 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29433

State File No. \_\_\_\_\_

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 4842 years, months or days 536

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Randolph

(c) City or town Morevel, Huntville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HENRY J. LINDEMAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

4. DATE OF DEATH: Month Aug day 20 year 1940 hour 10 minute 20 M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_ years

5. I hereby certify that I attended the deceased from 7-31, 1940, to 8-20, 1940; that I last saw him alive on 8-20, 1940; and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan 17 1863  
(Month) (Day) (Year)

Immediate cause of death Scarvin's fracture 1939

8. AGE: Years 77 Months 6 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration 51

9. Birthplace Bunker Hill Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe maker

Other conditions Scarvin's fracture 1939  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name H. J. Lindeman

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Rodgers

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

16. (a) Informant Mr William H. Lindeman

(b) Address Little Rock Ark

17. (a) Burial (b) Date thereof Aug 23, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntville

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? 095

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntville Mo

19. (a) Aug 23-40 (b) Frank Willauer  
(Data received local registrar) (Registrar's signature)

(e) Means of injury \_\_\_\_\_  
(Specify type of place)

23. Signature Dr. Paul Davis (M. D. or other) 1/26

Address McCommas Hospital Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-40-1818

Date Filed SEP 18 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 *Tom R. Patton*

Licensed Embalmer No. 3914

P. O. Address *Huntville*

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.