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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38838

Registration District No. 379 Primary Registration District No. 4223 Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Glasgow (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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 8½ months

In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adams

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

(d) Street No. Hotel Newcomb (If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Bonney Tindall

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. Daniel W. Tindall

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

7. Birth date of deceased November (Month) 24th (Day) 1852 (Year)

8. AGE: Years 87 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Lewis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER

12. Name Dr. Stephen F. Bonney

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

14. Maiden name Emma Jane Taylor

15. Birthplace Lewis County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant S. F. Bonney

(b) Address Glasgow Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director N. Roberts

(b) Address La Grange, Mo.

19. (a) 11-11-40 (Date received local registrar) (b) J. W. Gardner MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1940 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 1946, to Nov 11, 1940 that I last saw her on Nov 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valv. Heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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) no

(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? 340 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. B. Kitchen (M. D. or other) 1

Address Glasgow Date signed 11-11-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-11-40

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 G. A. Roberts, Registered Apprentice No. ..... working under my personal supervision.

Signed G. A. Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.