

S. No. 2  
1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24493

State File No. ....

FILED AUG 25 1941

Registrar's No. 196

Registration District No. 73

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MILTON TINDALL

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

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

4. Sex Male 5. Color or race negro

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

6. (b) Name of husband or wife Minnie Tindall

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

7. Birth date of deceased 11 - 20 - 1851  
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 0

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

MOTHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mason Drew

(b) Address Columbia Mo.

17. (a) Removal (b) Date thereof 7-24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo.

18. (a) Signature of funeral director John Walker

(b) Address Columbia Mo.

19. (a) 7/28/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone <sup>010</sup>

(c) City or town Columbia <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 304 Main Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ <sup>0</sup>

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20  
year 1941 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia <sup>Duration</sup>  
Left Lung, Broncho  
Contributory Cause Death  
Carcinoma of Prostate  
(Massive)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 51 <sup>PHYSICIAN</sup>  
Of autopsy as above 51b  
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 work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Mason Drew <sup>(Name of other)</sup>  
Address Columbia Mo. Date signed \_\_\_\_\_

**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.....

*Stuart J. Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.**