

**FILED AUG 15 1941**  
Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 625

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
764 W. Olive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 4 years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene <sup>639</sup>  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 764 W. Olive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET LINDQUIST

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 Widow  
6. (b) Name of husband or wife Andrew Lindquist 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased June 16 1851  
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
12. Name Unknown Erickson  
13. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name No record  
15. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda Phillips  
(b) Address 764 W. Olive Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-41  
(Month) (Day) (Year)  
(c) Place: burial or cremation Fair Play, Mo

18. (a) Signature of funeral director Thorne  
(b) Address Springfield Mo

19. (a) 8-1-41 (Date received local registrar) (b) W. E. Haudley (Registrar's signature)  
784 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 6:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 29 1941 to July 30 1941, that I last saw her alive on July 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic Duration ?  
Due to 930  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature W. Roland Lanston (M. D. or other) MD  
Address Springfield Mo Date signed 7/30/41

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

29  
2  
6

**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.....

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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.**