

FILED NOV 17 1941

Registration District No. 204

Primary Registration District No. 30732013

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron, Cal.

(c) Name of hospital or institution: 602 W. 4th St. 11
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. 602 W. 4th Street 11
(If rural, give location)

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

3. (a) PRINT FULL NAME JENNIE ELIZABETH TINDALL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on None _____ 19____;
and that death occurred on the date and hour stated above.

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 widow

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Harrisburg Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name William Row

13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. E. Bange

(b) Address Cameron Mo

17. (a) Burial (b) Date thereof Oct 25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastview Cem Cameron

18. (a) Signature of funeral director J. Lyle C. Allen

(b) Address Cameron Mo

19. (a) Oct 24 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death Death by fire

Due to Burning trash in yard with kerosene, caught

Due to falling asleep

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none 181

Of autopsy none 15

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) Accident

(b) Date of occurrence Oct 23-1941

(c) Where did injury occur? Back yard of home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Back yard of home

While at work? Yes (Specify type of place) _____ (e) Means of injury Suffocation

23. Signature [Signature] Address Plattsburg Mo Date signed Oct 24 1941

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Lyle C. Allen

Licensed Embalmer No.....

824

P. O. Address.....

Cameron 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.