

FILED SEP 21 1942  
113

Registration District No.

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Central  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution four years  
In this community four years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Central  
(If outside city or town limits, write "RURAL")  
(d) Street No. St Clair Mo  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country unknown

3. (a) PRINT FULL NAME CHARLES HINDHOLM

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC. 13 1899  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Care taker

11. Industry or business Care taker

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Taken from local registrar

(b) Address Receipt Card No. 45-10998

17. (a) Funeral (b) Date thereof 8-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Fellows

18. (a) Signature of funeral director Wesley J. King  
(b) Address St Clair, MO

19. (a) 8/17/42 (b) W. J. King  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17  
year 1942 hour 12:30 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Fractured left jaw, Basal fracture of skull and internal injuries.

Due to hit by lit & Rear Drives

Other conditions car struck him on left side of hip.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 1700-21

22. If death was due to external causes, fill in the following:

(a) Accidents, suicide, or homicide (specify) Accident 036

(b) Date of occurrence August 17, 1942

(c) Where did injury occur? St Clair, Franklin, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Highway No 66.

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury Coroner

23. Signature Gerald P. Oldman M.D. or other \_\_\_\_\_  
Address Gerald, Missouri Date signed 8-17-42

Duration  
Underline the cause to which death should be charged statistically.

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

36  
3  
0

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.....

*was Not Embalmed*....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John Casey*  
*Funeral Director*  
.....  
Licensed Embalmer No.....

P. O. Address.....

**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.**

Registration  
Number

4510978

**ALIEN REGISTRATION RECEIPT CARD**

Charles John Lindholm,  
Saint Clair, Missouri.

**KEEP THIS CARD.** Keep a record of the number.

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE  
ALIEN REGISTRATION DIVISION  
WASHINGTON, D. C.



*To the Registrant:*

*Your registration under the Alien Registration Act, 1940, has been received and given the number shown above your name. This card is your receipt, and is evidence only of such registration. In writing to the Department of Justice about yourself, always give the number on this card.*



*Carl G. Harrison*  
Director of Registration.



This Alien Registration Receipt Card should be sent to the Alien Registration Division, Department of Justice, Washington, D. C., (1) if it is found; or (2) if the person named hereon departs from the United States, or becomes naturalized, or dies.

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*Charles John Linckholm*  
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(SIGNATURE OF REGISTRANT, OR PERSON REGISTERING THE ALIEN)

## ADDRESS REPORTS—Read Carefully

The Alien Registration Act, 1940, requires all resident aliens to report each change of address within 5 days of such change. Other aliens, for example: Visitors, students, and others not admitted for permanent residence in the United States, must report their address every 3 months whether they change their address or not. Prepared forms for such address changes and reports may be obtained at any post office. A penalty of fine and imprisonment is provided by law for failure to make the required reports. Address letters and reports to the Alien Registration Division, Department of Justice, Washington, D. C.

*When reporting, give both your number and name.*