

S. No. 2  
OM-5-42  
v. 5-17-39  
I X32873

7053

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

LEAD MAR 11 1943

Registration District No. 220

Primary Registration District No. 5792

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Monticau  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Harrison  
(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 Monticau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Fannie May Tindel  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1943 hour 5 minute 35 P. M.  
21. I hereby certify that I attended the deceased from Jan 20  
1943 to Jan 21, 1943  
that I last saw her alive on Jan 20, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife John Tindel 6. (c) Age of husband or wife if alive, years 24  
7. Birth date of deceased Dec 24 1865  
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis  
Auricular Fibrillation.  
Duration 2 1/2 years  
1 day.

8. AGE: Years 77 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Modica Yarnell

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

14. Maiden name China Standifer  
(City, town, or county) (State or foreign country)

15. Birthplace Key 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Derby

(b) Address California

17. (a) (Burial, cremation, or removal) Yarnell Cem  
(b) Date thereof 1/22/43  
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director William J. Fordman  
(b) Address California Mo

19. (a) 1/23/43 (b) Margaret Malone  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 938  
Major findings: Of operations  
Of autopsy

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 E. B. Kibbe (M. D. or other)  
Address California Date signed 1/23/43

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

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

68  
00

**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 *Not Embalmed*.....

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.**