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14329

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAY 10 1943 128
Registration District No.

Primary Registration District No. 2000

Registrar's No. 324

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE
 (a) County: Springfield
 (b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1420 E. Sunshine
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Greene
 (c) City or town: Springfield,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1420 E. Sunshine
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME Henry Bernhard Lindhorst

3. (b) If veteran, name war: Unknown 3. (c) Social Security No. None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None 6. (c) Age of husband or wife if alive: 22 years

7. Birth date of deceased: March 8th, 1966
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓ 77	1	16		hr. min.

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

10. Usual occupation: Retired

11. Industry or business: None

12. Name: Herman Lindhorst

13. Birthplace: Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name: Carolene L. Ackerpole

15. Birthplace: Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Minnie C. Lindhorst

(b) Address: 1420 E. Sunshine, City.

17. (a) Burial (b) Date thereof: 4-26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood

18. (a) Signature of funeral director: Dunn Funeral Home

(b) Address: 629 W. Walnut, Springfield, Mo.

19. (a) 4-26-43 (b) Dr. W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1930 to 1942; that I last saw him alive on 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerosis

Due to: Hemiplegia 1942

Due to: Cerebral softening 1942

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

Major findings: Of operations: Of autopsy: JJC

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?

23. Signature: Robert Glynn (M. D. or other)

Address: Springfield, Mo. Date signed: 4/26/43

984 (Licensed Embalmer's Statement on Reverse Side)

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.....

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.

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