

3. No. 2
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5-17-39
P1 X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20934**
Registrar's No. **20**

FILED JUL 12 1943
Registration District No. **44**

Primary Registration District No. **4060**

1. PLACE OF DEATH:
(a) County **Caldwell**
(b) City or town **Breckenridge**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3 Weeks, 70 hours** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Caldwell**
(c) City or town **Breckenridge MO 13**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Patricia Ann Lindgren**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **22**
year **1943** hour **2** minute **30 P. M.**

4. Sex **F** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 21 1943**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 21 1943** to **April 22 1943**
that I last saw her alive on **April 22 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **10 hrs**

8. AGE: Years Months Days If less than one day
± 108 hr. min.
9. Birthplace **Breckenridge, Mo. 0**
(City, town, or county) (State or foreign country)

Due to **Asphyxia**
Due to _____
Other conditions (Include pregnancy within 3 months of death)
J. G. Boussum D.O.

MOTHER FATHER
12. Name **Theodore Lindgren**
13. Birthplace **Bathurst N.B. Canada 2**
(City, town, or county) (State or foreign country)
14. Maiden name **Laurene McCommell**
15. Birthplace **Blue Springs, Mo. 0**
(City, town, or county) (State or foreign country)
16. (a) Informant **Theodore Lindgren**
(b) Address **Breckenridge, Md.**
17. (a) **Burial** (b) Date thereof **4-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rosehill**
18. (a) Signature of funeral director **T. M. Peck**
(b) Address **BRECKENRIDGE MO**
19. (a) **July 1 - 1943** (b) **E. Whompson**
(Date received local registrar) (Registrar's signature)

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 **2**
23. Signature **J. G. Boussum** (M. D. or other) **D.O.**
Address **Hamilton, Mo.** Date signed **Apr. 20 1943**

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

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 T. F. McKee
Licensed Embalmer No. 1570
P. O. Address BRECKENRIDGE, 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.