

No. 2
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17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2933

FILED JAN 25 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether) _____
In this community 4 2 years
years; months or days

3. (a) PRINT FULL NAME GLADYS TINDALL
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex Female / race White / 5. Color or 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herchel Tindell 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased June 23 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Wheat
13. Birthplace Unknown, Mo. 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown, Mo. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Herchel Tindell
(b) Address 458 S. Market, Spfld., Mo.
17. (a) Burial (b) Date thereof Jan 8, 44
(burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Paul E. Shuman
(b) Address Springfield, Mo.
19. (a) 1-15-44 (b) P. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 458 S. Market 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1944 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from 11-30 1943 to 1-7 1944
that I last saw her alive on 1-6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with frozen pelvis
Duration about 1 year

Due to _____
Due to 1/80
Other conditions (include pregnancy within 3 months of death) _____

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) (Means of injury) _____
23. Signature W. R. Pugh (M. D. or other) MD
Address Springfield, Mo. Date signed 1/12/44

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

Fred C. Jones

Licensed Embalmer No. *2899*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.