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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8/1944

Registration District No. 77

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18172

Primary Registration District No. 3025

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Howell

(b) City or town WEST PLAINS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: N. LINCOLN AVE. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether

In this community 20 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL 4

(c) City or town V "RURAL" (If outside city or town limits, write "RURAL")

(d) Street No. HOWELL TWP. (WEST PLAINS, MO. ROVER RT.) (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HATTIE BEATRICE JOHANNA LINDEMAN

3. (b) If veteran, name war —

3. (c) Social Security No. 486-05-8568

4. Sex FEMALE 1

5. Color or race 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 DECEMBER (Month) 31, (Day) 1909 (Year)

8. AGE: Years 34 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace UNION CITY, (City, town, or county) OKLA 1 (State or foreign country)

10. Usual occupation MACHINE OPERATOR

11. Industry or business WEST PLAINS GARMENT CO.

FATHER
12. Name JOHN D. LINDEMAN
13. Birthplace LAKE CREEK, BENTON CO., MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SOPHIE SCHURICHT
15. Birthplace ST. PAUL, (City, town, or county) ILL. 1 (State or foreign country)

16. (a) Informant GERTRUDE LINDEMAN

(b) Address WEST PLAINS, MO. ROVER RT.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 3, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation HOWELL VALLEY CEM. HOWELL TWP., HOWELL CO.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address WEST PLAINS, MO.

19. (a) 5/10-44 (Date received local registrar) (b) Jail Harlow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30, year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 25, 1944, to April 30, 1944; that I last saw her alive on April 29, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain abscess	
Left Hemiplegia	
Due to Cerebral Embolism	
Acute Bacterial Endocarditis	
Due to Streptococcus Septicemia	
Other conditions Chronic Rheumatic (Include pregnancy within 3 months of death)	
Valvular Heart disease	

Major findings:
Of operations
Of autopsy 91a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Bohrer (M. D. or other) M.D.

Address West Plains Mo. Date signed 5-3-44

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 644350
Date Filed 6. 7. 44

JUL 6 1944

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 Hal Thomburgh

Licensed Embalmer No. 3408

P. O. Address Walt Plains, Mo

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

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