

S. No. 2
M-5-43
7-5-17-39
I X36671

Nevada
State File No. **42309**
Registrar's No. **148**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. **3076**

1. PLACE OF DEATH:
(a) County **Vernon**
(b) City or town **Nevada**
(c) Name of hospital or institution: **Nevada City Hospital**
(d) Length of stay: In hospital or institution _____ (Specify whether in this community _____ years, months or days) **56 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Vernon**
(c) City or town **Nevada Mo.**
(d) Street No. **504 S. Adams**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hattie J. Lindley**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **30** year **1944** hour **5** minute **A.** M.
21. I hereby certify that I attended the deceased from **Dec 12**, 19**44**, to **Dec 30**, 19**44**, that I last saw her alive on **Dec 29**, 19**44**, and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, widowed **Widowed**
6. (b) Name of husband or wife **E.P. Lindley**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 5, 1858**
(Month) (Day) (Year)

Immediate cause of death **Myocarditis and Broncho Pneumonia** Duration **Dec 12 to 30-1944**

8. AGE: Years **86** Months **1** Days **25** If less than one day _____ hr. _____ min.

Due to **Advanced Age & no resistance to a cold.**

9. Birthplace **Manville Mo.**
(City, town, or county) (State or foreign country)

Other conditions **Hypertensive Heart Disease - 20 yrs.**
(Include pregnancy within _____ months of death)

10. Usual occupation **Retired**

11. Industry or business _____
12. Name **Alonzo S. Thompson**
13. Birthplace **Bellville Ill.**
14. Maiden name **Mrs. Annasa Walter**
15. Birthplace **Maryville Ohio Mo.**

Major findings:
Of operations **none**
Of autopsy **none**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **J.J. Lindley**
(b) Address **Nevada, Mo.**

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?

(c) Place: burial or cremation **Cremated** **Almwood N.C. Mo.**
(Month) (Day) (Year)

(e) Means of injury _____
While at work?

18. (a) Signature of funeral director **Erininger Gun. Home**
(b) Address **Nevada, Mo.**
19. (a) **1-4-45** (Date received local registrar)
(b) **Bozel B. Beurch** (Registrar's signature)

23. Signature **W. Stove** (M.D. or other)
Address **Nevada, Mo.** Date signed **12/30/44**

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

812

JUL 8 1949

RECEIVED

District Health Officer No. 71

12-44-1507
1-12-45

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 Mark Eichinger

Licensed Embalmer No. 26156

P. O. Address Nevada, 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.