S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. C175

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 110

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Greene COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BOB TINDLE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife UNK.

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Jan. (Month) 16, (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	21	hr. min.

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

10. Usual occupation Laborers

11. Industry or business

FATHER
12. Name Wm Tindle
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Clark
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant J. C. Tindle
(b) Address 1213 W Thomas Spfld, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 2-10-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month FEB. day 7
year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 28, 1945, to Feb 7, 1945; that I last saw him alive on Feb 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, Chronic	Unk.
Malnutrition	
Due to	
Due to	
Other conditions Hernia, inguinal (Include pregnancy within 3 months of death) Complete, left.	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James R Amos (M. D. or other) M.D.
Address Springfield, Mo. Date signed 2-10-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 45-3-16
Date Filed 3-1-45

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.