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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41233

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1078

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: 1420 East Sunshine /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 Years
years, months or days)

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. 1420 East Sunshine 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Miss Minnie C. Lindhorst

3. (b) If veteran, name war None

3. (c) Social Security No. UNK.

4. Sex F M /

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased August (Month) 25, (Day) 1860 (Year)

8. AGE: Years 85 Months 4 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Herman Henry Lindhorst
13. Birthplace Amsterdam (City, town, or county) Holland (State or foreign country) 4

MOTHER
14. Maiden name Caroline Louise Ackerpotle
15. Birthplace Amsterdam (City, town, or county) Holland (State or foreign country) 4

16. (a) Informant Ida M. Lindhorst
(b) Address 1420 East Sunshine, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director W. L. Dunn
(b) Address Springfield, Mo.

19. (a) 12-27-45 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 th.
year 1945 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 16th 1945 to Dec. 26 1945
that I last saw her alive on Dec 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of old age

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 162 lb

Duration

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 C. L. Evans (M. D. or other)
Address Springfield, Mo Date signed 12/28/45

484 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.