

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12690  
Do not use this space.

FILED MAY 2 1946

1. PLACE OF DEATH

(a) County Dade Registration District No. 98  
(b) Township Lockwood Primary Registration District No. 5374 Registered No. 30  
(c) City Rural (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rhoda Ann Tindill

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of R. C. Tindill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 - 1885</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>6</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wrok</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Missouri</u>		
13. NAME <u>Mose Paterson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Ill</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
17. INFORMANT <u>R. C. Tindill</u> (ADDRESS) <u>Lockwood, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial</u> DATE <u>April 16 1946</u> <u>Collins cemetery</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>R. L. Amellich</u> <u>Lockwood, Mo</u>		
20. FILED <u>5-16-46</u> <u>Geo. H. Wray</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1946

22. I HEREBY CERTIFY, That I attended deceased from April 14 1946, to April 14 1946  
I last saw her alive on April 14 1946. Death is said to have occurred on the date stated above, at 11:45 P. m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
92  
Other contributory causes of importance:  
Coronary thrombosis  
Three years ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Jasper Arthur, M. D.  
(Address) Lockwood Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 R. L. Hanschild  
Licensed Embalmer No. 3234  
P. O. Address Lockwood 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, above space should be left blank.**