S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37553

Registration District No. 170 Primary Registration District No. 5635 Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

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

(d) Street No. Rural Route #1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carl Peter Wilhelm Lindhard

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race W

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

6. (b) Name of husband or wife Artie E. Lindhard

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 18 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	6	hr. min.

9. Birthplace Denmark (City, town, or county) T (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Andrew Lindhard
13. Birthplace Denmark (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Artie Lindhard
(b) Address Phillipsburg R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Pond

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.

19. (a) Nov 15, 1946 (Date received local registrar) (b) Ora Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1946 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from 10 Sept 1946 to 24 Oct 1946
that I last saw him alive on 16 Oct 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

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 6

23. Signature J. Brummers (M. D. or other) MD.
Address Lebanon Mo Date signed 10/31/46

152 (Licensed Embalmer's Statement on Reverse Side)

Received 11-20-46

Laclede County Health Unit

File No. 10-46-159

Date Filed 11-20-46

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.