S. No. 2
OM—2-43
v. 5-17-39
X35697

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

39084

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40277

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1004

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:
2058 Boonville Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2058 Boonville Str.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Columbia Tindall
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife S. V. Tindall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 30 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	14	hr. min.

9. Birthplace Marshfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name James Greer
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Sylvester Tindall
(b) Address 2058 Boonville Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial
18. (a) Signature of funeral director W. P. Campbell
(b) Address 805 Washington Ave.
19. (a) 12-17-46 (Date received local registrar) (b) W. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1946 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 9, 1946, to Dec 14, 1946; that I last saw her alive on Dec 14, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, Lobar	
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 Lyman D. Brown (M. D. or other)
Address 311½ Boonville Date signed 12/17/46

(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 W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield 7

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.