

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10285

State File No.

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1/2 mile South Smithton
(If not a hospital or institution, write street number or location)

(d) Length of stay: 40 years In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. 1/2 mile South Smithton
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Arthur M Lindeman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nellie Pearl

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Nov 18 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 2 Days 18
If less than one day hr. _____ min. _____

9. Birthplace near Smithton Pettis Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Claus M Lindeman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Freda Monasch

15. Birthplace Pettis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Lindeman

(b) Address Smithton MO

17. (a) Burial (b) Date thereof 2-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Cem

18. (a) Signature of funeral director A. F. Nunnally

(b) Address Smithton MO

19. (a) 2-19-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1947 hour 9:00 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 6
1947 to Feb 6 1947
that I last saw him alive on Feb 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration _____

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 947

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? 2

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Stella M. ... (M.D. or other) 80

Address Smithton MO Date signed 2-8-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-24-47

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 A. F. Neumeier

Licensed Embalmer No. 3912

P. O. Address Smithton 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.