S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44406

Registration District No. 4 [illegible]

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1624 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1624 Virginia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harriett Mae Tindle
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James A. Tindle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 22 (Day) 1871 (Year)

8. AGE: Years 76 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name E. Drake
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Stevens
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Glenn Summers
(b) Address Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Boliver, Mo.
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Mo.
19. (a) 11-26-47 (Date received local registrar) (b) Dolores Lampkins DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd year 1947 hour 10:25 minute P M.
21. I hereby certify that I attended the deceased from 23 NOV 1947 to 23 NOV 1947; that I last saw her alive on 23 NOV 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	2 weeks
Due to Cardio Vascular Renal Disease	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death) Advanced Ca of uterus.	

Major findings:
Of operations
Of autopsy 48B

PHYSICIAN
Underline the cause of 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 [illegible] (M. D. or other) MD
Address Fusco Bldg Jpn Mo Date signed 11-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1025

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.