

National Office of Vital Statistics
FILED MAY 13 1948

Registration District No. 222

Primary Registration District No. 4450

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Schuylar
(b) City or town Greentop, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Van Osdol Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Greentop
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Freda Lindquist

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... 40 years
7. Birth date of deceased..... Sept 8 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 7 17br.min.

9. Birthplace Willmathsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
Home

11. Industry or business.....

12. Name Jesse L. Hart

13. Birthplace Adair County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lula Myers

15. Birthplace Adair County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Lindquist

(b) Address Greentop, Missouri

17. (a) Burial (b) Date thereof 4/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Madison Cmt.

18. (a) Signature of funeral director.....
(b) Address Dee Riley Funeral Home
Kirksville, Mo.

19. (a) May 10/48 (b) Wm. A. J. Drake
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1948 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from Monday
April 19....., 1948 to 4-25....., 1948
that I last saw her alive on 4-25....., 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Right Lung

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)..... no

(b) Date of occurrence..... no

(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 Wm. A. J. Drake (Physician or other)

Address Van Osdol Hospital Date signed 4-25

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

MOTHER FATHER

6-2-48

RECEIVED
District Health Officer No. 1
District File Number 5-48-291
Date Filed MAY 17 1948

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 _____

Jack L. Dooley

Registered Apprentice No. 222

working under my personal supervision.

Signed

See Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.