

FILED SEP 13 1944

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
110 EAST CLINTON ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town CLINTON  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 110 EAST CLINTON  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles J Lindstrom

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Sophia Lindstrom 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan. 15 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>21</u>	hr. min.

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

10. Usual occupation REAL ESTATE

11. Industry or business \_\_\_\_\_

12. Name Lars Lindstrom

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

14. Maiden name Mary Louise Nilsson

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

16. (a) Informant EA Lindstrom

(b) Address Clinton Mo

17. (a) BURIAL (b) Date thereof Aug 8 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Spreng & Son

(b) Address Clinton Mo

19. (a) August 7 1944 (b) Georgia Vitcher  
(Date signed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5  
year 1944 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from 8-2  
1944, to 8-5 1944,

that I last saw him alive on 8-5 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism  
Duration 3da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94A

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury MI

23. Signature H. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 8-7-44

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

42  
1  
2

42

2

0

1964

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District No. 8-44-1040

Date Filed 9-11-44

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, only

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed H. J. Vanant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.