

REC'D SEP 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30196  
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 854  
(b) Township Polk Primary Registration District No. 6120  
(c) City Milan (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph S. Lintner. 535

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Widow Katie Lintner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1867.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 5 7  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R. R. Scale  
9. Industry or business in which work was done, as saw mill, bank, etc. Inspector.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Findley, Ohio.

FATHER 13. NAME Casper H. Lintner.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Margaret Hibbitts.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Mrs. Delbert H. Cowgill.  
Milan, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Fairview Cem. Sull. Co. Aug. 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Schoeno.  
Milan, Mo.

20. FILED Aug 30 1938 Cleo Hagan  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to Aug 25, 1938  
I last saw him alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 4:15 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of lung  
possibly primarily  
rectal  
Date of onset not known  
Other contributory causes of importance: Hb

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. S. Montgomery, M. D.  
(Address) Milan Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-99

Date Filed 9-15-38

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, \_\_\_\_\_

Frank D. Schoene.

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Frank D. Schoene*

Licensed Embalmer No. 2016

P. O. Address Milan, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.