

REC'D FEB 21 1939

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

1614
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
(b) Township WASHINGTON Primary Registration District No. 1000
(c) City ST. JOSEPH, (d) Street No. 204 W. COLORADO Registered No. 12
(e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

33 1/2 MRS. EMMA FLORENCE LINDER
(a) Residence, No. 204 W. COLORADO AV E St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN W. LINDER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 26, 1861
7. AGE YEARS 77 MONTHS 8 DAYS 8 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) OHIO

13. NAME JOHN H. HOSFORD,
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) OHIO

15. MAIDEN NAME EMMA Unknown
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) INDIANA

17. INFORMANT THOMAS E. LINDER,
(ADDRESS) ATCHISON, KANS.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORA CEM, DATE JAN, 7, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Jan 6, 1939 J. J. Nettlekush
St. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN, 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-23 - 1938, to 1-4-39, 1939

I last saw her alive on 1-4 - 1939. Death is said to have occurred on the date stated above, at 11:00 A. M.

The principal cause of death and related causes of importance were as follows:

D. Lobor Pneumonia (Left) Date of onset
& Resulting Cardiac
failure.

Other contributory causes of importance: 108

Name of operation None Date of
What test confirmed diagnosis? Collected 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) Harry L. Pittsford M. D.
(Address) J. Kirkpatrick Bldg.

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.....

John E. Ruff

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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, above space should be left blank.