See also 7373-39

REC'D MAR 21 1939

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

7372 Rm 4 39
Do not use this space.

1. PLACE OF DEATH
(a) County Osage
(b) Township Benton
(c) City
(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.

Registration District No. 639
Primary Registration District No. ~~4-3-8-3~~ 5844
Registered No.

2. PRINT FULL NAME ~~no name~~ Shirley Ann Linhardt
(a) Residence, No. Mint Hill mo 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-13-1939
7. AGE: YEARS — MONTHS — DAYS ~~40 min~~ If LESS than 1 day, ...hrs. or 40 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Mint Hill mo

FATHER
13. NAME: Edwin Ben Linhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Freedom mo

MOTHER
15. MAIDEN NAME: Mary C. Griechen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Welcome mo

17. INFORMANT (ADDRESS): Edwin Ben Linhardt
18. BURIAL, CREMATION, OR REMOVAL: Keso church
PLACE Evangelical Am DATE 2-14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Morton funeral home Linn mo
20. FILED 2-13, 1939 Esther Sonder
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from ~~8-3~~ 2-13-~~8 30~~ am, 1939, to 2-13-39 9 30 am, 19..
I last saw her alive on ~~8-13~~, 1939. Death is said to have occurred on the date stated above, at 9 30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Ante partum Hemorrhage	
159	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? phys 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?
If so, specify
(Signed) Wm V. McKnelly, M. D.
570 (Address) Chamois mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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