

REC'D APR 6 1939

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

11603

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery 2 Registration District No. 575  
(b) Township Williamson Primary Registration District No. 4339  
(c) City Linton (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 Edward F. Linnebur

(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 married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Linnebur  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1896  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
42 4 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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) 2-17-1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Linnebur 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warden Plain Kansas

MOTHER 15. MAIDEN NAME Wiehelnina-Klausmeyer 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Leona Linnebur (ADDRESS) Linton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linton Ed. Lake DATE 3-6- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James E. Richards Linton, Mo

20. FILED 3-5-39 Mrs. Sarah Faye Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4- 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-16- 1937, to 3-4- 1939  
I last saw him alive on 3-4- 1939 Death is said to have occurred on the date stated above, at 8:00 PM  
The principal cause of death and related causes of importance were as follows:

Croupous Pneumonia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J. J. Morrison M. D.

(Address) Linton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

68  
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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, me

, or by

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

Signed

Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.