DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29600

REC'D SEP 19 1939

Registration District No. ~~4305~~ 502 Primary Registration District No. 4305 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Putman Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County Charlton

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gladys Gertrude Linebaugh 512

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife 33 Leslie Linebaugh

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Dec (Month) 23 (Day) 1911 (Year)

8. AGE: Years 27 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Lebanon (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 0

11. Industry or business 1

FATHER
12. Name Thomas Pendgraft
13. Birthplace Lebanon (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Emma A Barton
15. Birthplace Mystic (City, town, or county) Iowa (State or foreign country)

16. (a) Informant's own signature Gladys Pendgraft
(b) Address Oakland, Iowa 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Jas McLaughlin
(b) Address Marceline Mo

19. (a) 8/6 (Date received local registrar) (b) Olive L Barrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1939 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 2, 1939, to August 3, 1939; that I last saw her alive on August 3, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Ruptured Appendix	
Due to 121	
Other conditions Normal delivery (Include pregnancy within 3 months of death)	
Major findings: Of operations Ruptured Appendix	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G B Putman (M. D. ~~or other~~) 451

Address Marceline Mo Date signed 8/5/39

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
Dist. No. 11
939-1199
SEP 14 1939

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 Blanche McLaughlin, Registered Apprentice No. ..... working under my personal supervision.

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline Mo

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

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