

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

**35782**  
Do not use this space.

NOV 22 1939

**1. PLACE OF DEATH**

(a) County Chariton Registration District No. 177  
 (b) Township Triplet Primary Registration District No. 3243  
 (c) City Triplet (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**

236 Malinda Baxter  
 (a) Residence, No. Triplet, Missouri 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  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
90 5 4  
 OCCUPATION 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.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from August 29, 1939, to October 5, 1939  
 I last saw her alive on October 5, 1939 Death is said to have occurred on the date stated above, at 7:35 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia  
Chronic myocarditis with myocardial degeneration  
Atherosclerosis  
 Other contributory causes of importance: Hypostasis, Senility  
 Date of onset Oct 6 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Ohio  
 FATHER 13. NAME Joseph Linscott  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine  
 MOTHER 15. MAIDEN NAME Sarah Frisby  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 17. INFORMANT (ADDRESS) John Baxter, Galesburg, Illinois

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Fleetwood Cemetery DATE Oct. 7, 1939

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.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. L. Leiber, Mendon, Missouri

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

20. FILED EX 6 1939 R. P. Price Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Kenneth L. Roemer  
 (Address) Triplet Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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  
District Health Officer No. 8,  
District File Number  
Date Filed 11/10/39

**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 *S. S. Shepard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon 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.**