

Registration District No. _____

Primary Registration District No. 1001

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 319 So. 10th
Heaton, BeGole and Bowman Chapel.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None 3
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William N. Linn 500

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Lois Linn 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 9th 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 27 hr. min.

9. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney at Law

11. Industry or business Self

MOTHER FATHER { 12. Name Benjamin Linn
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Atkins
15. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Linn

(b) Address 122 1st No 8th ST. ST. Joseph Mo

17. (a) Burial (b) Date thereof Mar. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery.

18. (a) Signature of funeral director Arnold W. ...

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Mar. 7, 1940 (b) A. J. Nestle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limit, write "RURAL")
(d) Street No. 1201 N. 8th Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from viewed
March 6th 1940, to _____, 19____;
that I last saw ##### alive on #####, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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? _____

23. Signature 85 (Specify type of place) King Hill Bldg
While at work? (e) Means of injury Coroner
Address _____ (M. D. or other) 4
Date signed 3/8/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Albert R. Harrington*

Licensed Embalmer No. 3258

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.