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.

1 X14028

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

10626

Do not use this space.

1. PLACE OF DEATH
(a) County Chariton — Registration District No. ~~15~~ 175
(b) Township Chariton — Primary Registration District No. 5248 — Registered No. 14
(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 62 yrs. 4 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 555 ALWINA MEYER LINNEMAN
(a) Residence, No. same 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: EMIL LINNEMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10, 1877
7. AGE: YEARS 62 — MONTHS 4 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

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.: Her Home
10. Date deceased last worked at this occupation (month and year): March 1, 1937
11. Total time (years) spent in this occupation: 42 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Forest Green Mo. O

FATHER
13. NAME: Louis Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo. O

MOTHER
15. MAIDEN NAME: Amelia Kothe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Milwaukee Wisconsin

17. INFORMANT (ADDRESS): Arnold Linneman Forest Green Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cemetery DATE Mar. 5 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Walker Audsley Glasgow Mo.

20. FILED 3/4 1940 G. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 3 1940

22. I HEREBY CERTIFY, That I attended deceased from 1 — 1 1939, to Mar 3 1940
I last saw her alive on Mar 1 1940 Death is said to have occurred on the date stated above, at 5:50 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Kidney

Date of onset

46

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Chemical x Ray Was there an autopsy? .....

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? no
If so, specify .....
(Signed) W. B. Kitchen, M. D.
163 (Address) Glasgow Mo

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 47-47-40
Date Filed

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, J. Walker Audsley, or by .....

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

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.