

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

14243

Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 54
 (b) Township Rockville Primary Registration District No. 5085
 or Rockville
 (c) City Rockville (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 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 69 yrs. mos. ds.

2. PRINT FULL NAME Elisa Bertha Lindenmann

(a) Residence, No. Same 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Lindenmann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1844
 7. AGE YEARS 95 MONTHS 10 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work
 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 _____

12. BIRTHPLACE (CITY OR TOWN) Taufenthal, Switzerland (STATE OR COUNTRY) Switzerland

13. NAME Jahn Mauch

14. BIRTHPLACE (CITY OR TOWN) Taufenthal, Switzerland (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Anna Maria Mauch

16. BIRTHPLACE (CITY OR TOWN) Taufenthal Canton Argau (STATE OR COUNTRY) Switzerland

17. INFORMANT Herman Lindenmann (ADDRESS) Rockville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reform Cemetery DATE April 19, 1940

19. FUNERAL DIRECTOR (NAME) W. S. Walker (ADDRESS) Rockville, Mo

20. FILED Apr. 18, 1940 Mrs. Pauline Bain Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1940 to April 10, 1940
 I last saw her alive on April 10, 1940 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Unknown

Date of onset

Other contributory causes of importance: Age

Name of operation _____ Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no

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) J. C. Colson M. D.
 (Address) Schell City, Mo

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.

MAY 15 1940

RECEIVED
District Health Officer No. 7,
District File Number 5-40-758
Date Filed 5-6-40

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 Oscar Eckhoff
Licensed Embalmer No. 3942
P. O. Address Appleton City, 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.