

Registration District No. 224

Primary Registration District No. 4465

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

Louis Napoleon Limbaugh

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Limbaugh

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

7. Birth date of decease Jan 17th 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>28</u>	hr. _____ min.

9. Birthplace

Rollinger Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Carpenter

MOTHER FATHER

12. Name

Wm Limbaugh

13. Birthplace

Cape Co mo
(City, town, or county) (State or foreign country)

14. Maiden name

Eliza Whitener

15. Birthplace

Madison Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dora Limbaugh

(b) Address Flat River mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6-17-40
(Month) (Day) (Year)

(c) Place: burial or cremation Glendale

18. (a) Signature of funeral director Calwell B...

(b) Address Flat River mo

19. (a) 6/18/40
(Date received local registrar)

(b) Obanner
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Flat River
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 15
year 1940 hour 6 minute 30
21. I hereby certify that I attended the deceased from _____, 19____, to 6/15, 1940

that I last saw him alive on 6/14/40
and that death occurred on the date and hour stated above.

Immediate cause of death Myelitic
Due to brain tumor
Due to _____

Other conditions (Include pregnancy within 3 months of death) glw

Major findings: Of operations _____
Of autopsy _____

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? 697
What at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature Farrar (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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