

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

AUG 1 1940

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 94

1. PLACE OF DEATH:

(a) County LIVINGSTON  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution TWO DAYS  
(Specify whether  
In this community TWO DAYS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIVINGSTON  
(c) City or town DAWN MISSOURI  
(If outside city or town limits, write "RURAL")  
(d) Street No. RURAL ROUTE #  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME OAKLAND MARY LINHART  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1940 hour 3 minute 50 P. M.  
21. I hereby certify that I attended the deceased from July 18  
to July 20, 1940  
that I last saw her alive on July 20, 1940  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife JOSEPH LINHART  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased APRIL 18 1884  
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy Duration 2 day  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 56 Months 3 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) § 211  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace LIVINGSTON CITY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_  
12. Name JAMES MOSSBARGER  
13. Birthplace CARROLL CITY MO  
(City, town, or county) (State or foreign country)  
14. Maiden name LAURA MARTIN  
15. Birthplace OHIO  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

16. (a) Informant's own signature Joseph Linhart  
(b) Address Route Dawn Mo

17. (a) GRIAL (b) Date thereof JULY 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation BRAUNER MO

18. (a) Signature of funeral director J. A. Meurershoye  
(b) Address Chillicothe Mo

19. (a) 7-21-40 (b) H. W. Hance MD  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph M. Small (M. D. or other) \_\_\_\_\_  
Address Chillicothe MO Date signed 7/21/40

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.

MISSOURI DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

RECEIVED

District Health Officer No. 111

District File Number

840-1070

Date Filed AUG 9 1940

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

*me*

*Ernest Thomas*

Registered Apprentice No.

working under my personal supervision.

Signed

*Ernest Thomas*

Licensed Embalmer No.

2640

P. O. Address

*Chillicothe M*

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.