

FILED SEP 16 1940

Registration District No. 378

Primary Registration District No. 5554-3019 Registrar's No. 2034

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1122 No. River Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1122 No. River Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Morgan Linson

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 Martha May Linsory 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb 18 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Madison Co Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. Woodlawn Pen

11. MOTHER FATHER  
12. Name Jesse M. Linson  
13. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Agnes Rickpatrick  
15. Birthplace Harwood Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha May Linsory  
(b) Address 1122 North River Road

17. (a) Burial (b) Date thereof 8/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit, Mo.

18. (a) Signature of funeral director George C. Carson  
(b) Address Independence, Mo.

19. (a) Aug 9 1940 (b) L. L. Cook  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 7  
year 1940 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 11, 1940, to Aug 7, 1940  
that I last saw him alive on Aug 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia from  
Capitis & ascending pyelitis

Due to Resection of prostate 6 wks

Due to 159

Other conditions Diabetes mellitus 6 yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Hypertrophy of prostate

Of operations: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? 360 (City or town) (County) (State)  
While at work? ✓ (e) Means of injury ✓

23. Signature Geo. H. Tucker (M. D. or other) !

Address Independence Mo Date signed Aug 8

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

**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. 237

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2467

P. O. Address Independence, 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.**