SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29917

Registration District No. 849 Primary Registration District No. 6125 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Morris Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

563

3. (a) PRINT FULL NAME William Alonzo Linhart

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva R. Linhart 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April (Month) 16 (Day) 1869 (Year)

8. AGE: Years 71 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Sullivan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Linhart
13. Birthplace Don't know (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Amanda Robinson
15. Birthplace Don't know (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Belva B. Morris.
(b) Address Milan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Glenn E Kent-Son
(b) Address Green City Mo

19. (a) Aug 31-1940 (Date received local registrar) (b) Virginia Gibson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Rural (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 Aug day 9. year 6 hour 45 minute P.M.

21. I hereby certify that I attended the deceased from Aug 9, 1940, 19, to Aug 9, 1940 that I last saw him alive on Aug 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Aug 9 1940
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

82 W

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

771

While at work? (e) Means of injury

23. Signature T. R. McArtor (M. D. or other) 1

Address Browning Mo Date signed Aug 10 1940

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1942

RECEIVED
District Health Officer No. 10
District File Number 9-40-1680
Date Filed SEP 5 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~~ _____, ~~Registered Apprentice No.~~ _____ working under my personal supervision.

Signed Glenn E Kent

Licensed Embalmer No. 1769

P.O. Address Green City, M

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

If this body is not embalmed, fact should be so stated above.