

V. S. No. 2
M-11-10-39
Rev. 5-1-38

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40001**

DEC 11 1940

Registration District No. **875**

Primary Registration District No. **6162**

Registrar's No. **280**

108
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County VERNON
 (b) City or town NEVADA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
STATE HOSPITAL No 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 1 MONTH 11 DAYS (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME RAYMOND-BRENTON-LINTON

3. (b) If veteran, name war no 8. (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 STELLA-CHRISTRENSON-LINTON 6. (c) Age of husband or wife if alive UNKNOW years
 7. Birth date of deceased JUNE 21 1899
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>19</u>	hr. _____ min.

9. Birthplace GALENA KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation GROCER

11. Industry or business NONIE - SALES MAN

12. Name LEWIS A. LINTON

13. Birthplace TOLEDO IOWA
(City, town, or county) (State or foreign country)

14. Maiden name MAGGIE CHESTER

15. Birthplace CHARITON IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant RECORDS STATE HOSP No 3

(b) Address NEVADA, Mo

17. (a) BURIAL (b) Date thereof 11-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St. Joplin Mo.

19. (a) 11-9-40 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JASPER
 (c) City or town JOPLIN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1711 PORTER
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1940 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from SEPT 19, 1940, to NOV 9, 1940

that I last saw him alive on NOV 9, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Luetic meningio Encephalitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 8 months of death) 24

Major findings Of operations NONE

Of autopsy NONE

22. If death was due to external causes, fill in the following: 140
(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? 7:15 (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address State Hosp # 3 Date signed 11/9/40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

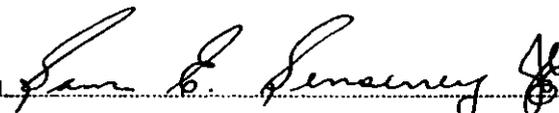
District File Number 12-40-1685

Date Filed 12-4-40

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 Sam E. Senneker 

Licensed Embalmer No. 4099

P. O. Address Juplin 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.