S. No. 2
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P I X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3027

Registration District No. 41 Primary Registration District No. 5569 Registrar's No.

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

1. PLACE OF DEATH: (a) County Jasper (b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: 4 Mi. West on 20th Street (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution None (Specify whether) In this community 40 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri. (b) County Jasper (c) City or town Joplin Mo; (If outside city or town limits, write "RURAL") (d) Street No. Rural 4 miles West On 20th St. (If rural, give location) (e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME James Albert Linder

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Belle

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 24, 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 30 If less than one day hr. min.

9. Birthplace Bowers Mill Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Proprietor Linder Dairy.

11. Industry or business Dairy

FATHER 12. Name Matthew Linder

FATHER 13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Drucilla Goad.

MOTHER 15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant B. Linder (b) Address R.F.D. Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co; (b) Address Joplin Mo;

19. (a) 1-25-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 23 day 1941. year hour 9-15 P.M. minute M.

21. I hereby certify that I attended the deceased from Jany 23, 1941, to Jany 23, 1941, that I last saw him alive on Jany 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Renal Disease — Duration 1 Year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

While at work? (e) Means of injury

23. Signature H. Hurlbut (M. D. or other) D

Address Joplin Mo Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

41-2-182

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 Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin 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, fact should be so stated above.