

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11249

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

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days) 1

3. (a) PRINT FULL NAME Wallace Edward Lintz

3. (b) If veteran, name war none 3. (c) Social Security No. 108-12-9286

4. Sex M 5. Color or race Neg 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased Jan 18 1904  
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Dining Car Chief

11. Industry or business \_\_\_\_\_

12. Name Fred Lintz

13. Birthplace Howard Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Whiteside

15. Birthplace Howard Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Smith

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Mar 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director Walter Smith

(b) Address Brookfield Missouri

19. (a) 3-29-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn  
(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 116 So Caldwell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1941 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Aug 27, 1940 to May 27, 1941; that I last saw him alive on Mar 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

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 injury) \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Brookfield Mo Date signed 3/29/41

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

SEP 23 1941

**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

*James B. McLelland*, Registered Apprentice No. *224*  
working under my personal supervision.

Signed

*Homer Bowden*

Licensed Embalmer No.

*3295*

P. O. Address

*Brookfield, 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.**