FILED [illegible] 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

76

11562

Do not use this space.

1. PLACE OF DEATH

(a) County Osage — Registration District No. 4400

(b) Township Crawford — Primary Registration District No. 5849 0 — Registered No. 2

(c) City ..... (d) Street No. 1 ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Henry Linhardt

(a) Residence, No. Osage Co Mo St. ☐ 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 0 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) 2 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Linhardt Emma Heidbrink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 4
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freedom Missouri 0

FATHER
13. NAME John D Linhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

MOTHER
15. MAIDEN NAME Caroline Weiher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States 1

17. INFORMANT (ADDRESS) August Linhardt Useful, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedom DATE Mar. 12, 1941

19. FUNERAL DIRECTOR (ADDRESS) Seaton Pewitt Linn, Missouri

20. FILED Mch 12, 1941 Mrs Dora Jetts Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mon. March 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mon March 10th 1941, to Mon March 10th, 1941
I last saw him alive on Same day, 1941 Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation

Date of onset

Other contributory causes of importance: Cold Plus Pneumonia Etc

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Heart Stroke
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Albert Dw Pearl M. D.
(Address) R+D Linn Mo.

5 11

(Licensed Embalmer's Statement on Reverse Side)

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.

92B

STATEMENT BY LICENSED EMBALMER

I, Seaton Pewitt, Licensed Embalmer No. 2287

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No.

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

No. 2B
4-25-41
I X27852

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11562

Registration District No. 640 Primary Registration District No. 5849 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Osage

(b) ~~City or town~~ Crawford T.P.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Linhardt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1941 hour 4 PM minute M.

21. I hereby certify that I attended the deceased from March 10th 41 March 10, 1941, to March 10, 1941; that I last saw him alive on Same Day, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to Infections with which he contracted in early and Etc.

Due to And Itis and thickening of Auricle and Ventricle Muscular

Other conditions Cold Flu + Pneumonia
(Include pregnancy within 3 months of death) which Dead N.M.D.
Previous causes to Death

Major findings:
Of operations

Of autopsy

Duration

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 Home

23. Signature [signature] (M. D. or other)

Address Hart Linn Mo. Date signed 7th 41

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