

No. 2
4-13-40
-17-39
I X2315

Registration District No. 104518

Primary Registration District No. 5762 6067 Registrar's No. 37

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

1. PLACE OF DEATH: SCOTT

(a) County SCOTT

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 DAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED: 100

(a) State MISSOURI (b) County SCOTT

(c) City or town DIEHLSTADT (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.? 0 years.

3. (a) PRINT FULL NAME BEVERLY ANN LINEBAUGH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased MARCH 10, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 10 hr. min.

9. Birthplace SCOTT COUNTY Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name HARRY LINEBAUGH

13. Birthplace SCOTT COUNTY Mo D
(City, town, or county) (State or foreign country)

14. Maiden name RUTH BAKER

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

16. (a) Informant HARRY LINEBAUGH

(b) Address BERTRAND, Mo R#1

17. (a) BURIAL (b) Date thereof 3-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAK GROVE - CHARLESTON, Mo.

18. (a) Signature of funeral director LAIR NUNNELER

(b) Address CHARLESTON, Mo

19. (a) 3-26-41 (b) F A Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20TH
year 1941 hour 11 minute 35 AM.

21. I hereby certify that I attended the deceased from 3/10, 1941, to 3/20, 1941,
that I last saw her ER alive on 3/10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 1/2 mo) 10da

Due to _____

Due to _____

Other conditions 15A
(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 X

(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? _____

500 (Specify type of poison) _____
While at work _____ Means of injury _____

23. Signature Charles Vernon (M.D. or other) _____
Address Charleston Mo Date signed 3/22/41

RECEIVED

District Health Officer No.

District File Number 441-40

Date Filed 4/4/46

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

Body Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

John F. Mummie Jr

Licensed Embalmer No. 3851

P. O. Address Charleston

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.