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FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21070

State File No. _____

Registration District No. 48

Primary Registration District No. 5072

Registrar's No. _____

1. PLACE OF DEATH:

(a) County BATES

(b) City or town RED AMSTERDAM - HOMER TWP.
(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 LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BATES

(c) City or town RURAL HOMER TWP.
(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. ? _____ years.

3. (a) PRINT FULL NAME LINEUS B. LINGENFELTER

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24TH
year 1941 hour 8 minute 45 A.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife ELIZA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 25 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 8, 1941, to June 24, 1941;
that I last saw him alive on 6-16-41, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 2 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death

Due to Chronic Hypertension

Due to chronic hepatitis

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation RETIRED FARMER

Major findings: Of operations _____

Of autopsy _____

12. If death was due to external causes, fill in the following:

11. Industry or business _____

12. Name SILAS LINGENFELTER

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

14. Maiden name SARAH

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

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? _____

16. (a) Informant Chas. White

(b) Address RED AMSTERDAM -

17. (a) BURIAL (b) Date thereof JUNE 26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM CEMETERY

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

Address _____ Date signed _____

18. (a) Signature of funeral director BOOTH FUNERAL HOME

(b) Address BUTLER MO

19. (a) 6/25-41 (b) Mrs. Carl Hall
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7.

District File Number 7-41-1175

Date Filed 7-14-41

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

myself, Registered Apprentice No. _____
working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ave

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.