

Registration District No. 821 Primary Registration District No. 4553 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(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 40yrs (Specify whether
In this community 40yrs years, months or days)

3. (a) PRINT FULL NAME George Frederick Limbaugh Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Limbaugh 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 15 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jefferson Limbaugh
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Kelly
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Earl Limbaugh
(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Sikeston, Mo.

19. (a) 6-17-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1941 hour 12 minute 30 A.:M.

21. I hereby certify that I attended the deceased from May 19-1941 to June 11 1941 that I last saw him alive on June 11 1941 and that death occurred on the date and hour stated above
Immediate cause of death Heart failure Duration _____

Due to accident

Due to _____

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

Major findings: Of operations 200a 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? _____

23. Signature [Signature] (Specify type of plate) 742 (e) Means of injury While at work?
Address [Address] (M. D. or other) _____ Date signed _____

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

P. 10
see

JUN 26 1941

JUL 7 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 774

P. O. Address. Sikeston, 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.