

FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35409

Registration District No. 301

Primary Registration District No. 4304

Registrar's No.

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

1. PLACE OF DEATH:

(a) County. Linn
(b) City or town. Linneus
(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 _____
In this community. 58 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Linn
(c) City or town. Linneus
(d) Street No. _____
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME. Minnie Alice Western

3. (b) If veteran, name war. XXX 3. (c) Social Security No. XXX

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

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

7. Birth date of deceased. November 4 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 13 hr. _____ min.

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

10. Usual occupation. At Home

11. Industry or business.

12. Name. Charles B. Western

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

14. Maiden name. Nancy Jane Kirby

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

16. (a) Informant. Mrs. Terry Deal
(b) Address. Linneus, Mo.

17. (a) Burial (b) Date thereof. Sept. 19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Linwood Cemetery

18. (a) Signature of funeral director. Norm Webb, C.

(b) Address. Linneus, Missouri

19. (a) 9-19-41 (b) Norm T. Webb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept. day. 17th
year. 1941 hour. 2 minute. 30 A.M.

21. I hereby certify that I attended the deceased from August 14th, 1941, to Sept. 17th, 1941;
that I last saw her alive on Sept. 16th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage

Due to _____
Due to _____

Other conditions. 830
(Include pregnancy within 3 months of death)

Major findings: Of operations. _____

Of autopsy. _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature. H. S. Pittluck (M. D. or other) M.D.
Address. Linneus, Mo. Date signed. 9-17-41

058
10

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 David A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, 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.