

FILED MAR 9 1942
Registration District No. 403

Primary Registration District No. 6557

Registrar's No. 70

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural-Brookings Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
65th and Blue Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 79 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 65th and Blue Ridge
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Martha Linger

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Abel Linger 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June 13 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>15</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Zacariah M. Vaught

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

14. Maiden name Sarah Nelson

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

16. (a) Informant John Linger
(b) Address 4 West 61st St.

17. (a) Burial (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 2/28/42 (b) Mrs. C. E. Larson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th
year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 1925 to 2/27 1942
that I last saw her alive on 2/27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
5 yrs

Due to ✓

Due to 92d

Other conditions Smellity
(Include pregnancy within 5 months of death)

Major findings:
Of operations None
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?

While at work? ✓ (Specify type of place) (a) Means of injury 92d

23. Signature James T. Heald (M. D. or other) 92d
Address 1907 Heald Date signed 3/28/42

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

88
00

48
3
0

1157

907 Bialto
11-23-89

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..... *A. R. Hauschke*.....
Licensed Embalmer No..... *4159*.....
P. O. Address..... *K E. 7th*.....

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.