S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11503

Registration District No. 630 Primary Registration District No. 5832 Registrar's No.

74
0
0

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 2½ mi. S. El. of Skidmore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74

(c) City or town Skidmore (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2½ miles South East
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DORA ELLEN LINVILLE

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife Daniel Boone Linville

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 19 (Day) 1866 (Year)

8. AGE: Years 75 Months 8 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) 1 Ind. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ~~Uriah S. Gaddy~~

FATHER
12. Name Uriah S Gaddy
13. Birthplace Paris (City, town, or county) 1 Ind. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Whitsett
15. Birthplace Seymour (City, town, or county) 1 Ind. (State or foreign country)

16. (a) Informant Harvey Linville
(b) Address Skidmore Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Groves Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) Mar. 30 (Date received local registrar) (b) Mrs. Ralph Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1942 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan 15, 1942 to March 23, 1942
that I last saw her alive on March 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Nephritis	?
Due to Chr Endocarditis	?
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131b

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

23. Signature B. F. Bylaugh M.D. (M. D. or other)
Address Maryville Mo Date signed 3/26/42

1270 (Licensed Embalmer's Statement on Reverse Side)

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. Clem M Price

Licensed Embalmer No. 1822

P. O. Address. Maryville, 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.