

FILED AUG 10 1942  
Registration District No. 8-34342

Primary Registration District No. 10-0-97 16153

Registrar's No. 14

1. PLACE OF DEATH

(a) County. Stoddard  
(b) City or town. Advance Rural Dist  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. No (Specify whether  
In this community. Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Stoddard  
(c) City or town. Advance Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Edward Clarence Lindner

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from  
June 16 1942 to June 16 1942  
that I last saw him alive on June 16 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if  
alive ..... years  
7. Birth date of deceased. June 16 1942  
(Month) (Day) (Year)

Immediate cause of death. Unknown ✓ Duration

8. AGE: Years Months Days If less than one day  
- - - 2 hrs - min.

Due to .....  
Due to 200a

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

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

10. Usual occupation Infant

Major findings: Of operations

11. Industry or business

Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name John Lindner

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

14. Maiden name Abigail Kober

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

16. (a) Informant John Lindner

(b) Address Advance, Mo

17. (a) Burial (b) Date thereof June 17 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Josephs Cemetery

18. (a) Signature of funeral director Way S. Marquis

(b) Address Advance, Mo

19. (a) 7-10-42 (b) M.R. Hoover  
(Date received local registrar) (Registrar's signature)

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 E.C. Mastus (M. D. or other) D.O.

Address Advance, Mo Date signed July 8, 1942

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

03

1131

RECEIVED

District Health Office No. 2

District File Number 842-989

Date Filed 8-6-42

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**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.....

P. O. Address.....

**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.**