

FILED NOV 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34564

State File No. _____

Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 14

1. PLACE OF DEATH: Platte

(a) County Platte

(b) City or town Weston Town
(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 years, months or days)

In this community All of Life

3. (a) PRINT FULL NAME Elmer Ray Linville

3. (b) If veteran, name war no

3. (c) Social Security No. 496-03-2128

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eula Ketchell

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Oct Nov. 8 1900
(Month) (Day) (Year)

8. AGE: 41 Years 10 Months 21 Days
If less than one day hr. _____ min.

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

10. Usual occupation farm laborer

11. Industry or business _____

MOTHER FATHER { 12. Name William Linville

13. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Abbie Adams

15. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Linville

(b) Address Weston, Missouri

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

(c) Place: burial or cremation Home of Mrs. Weston

18. (a) Signature of funeral director W. R. Saylor

(b) Address Weston, Mo.

19. (a) Oct. 3, 1942 (b) Mrs. Clay Saylor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston
(If outside city or town limits, write "RURAL")

(d) Street No. Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Accidental Drowning

Due to falling fall from

Due to bridges.

Other conditions (Include pregnancy within 3 months of death) 1822

Major findings: Of operations _____

Of autopsy None

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) Accident

(b) Date of occurrence Sept 29, 1942

(c) Where did injury occur? Weston, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place)
Means of injury Fall

23. Signature R. L. Perry (M. D. or other) D.O.

Address Weston, Mo. Date signed 10/1/42

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

83
0

83

LP

RECEIVED

District Health Officer No. Platte

District File Number 11-42-83

Date Filed 11-3-42

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.....

W. R. Vaughn

Licensed Embalmer No.....

4023

P. O. Address.....

Winton 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.