

FILED JAN. - 7 1943

Registration District No. 63

Primary Registration District No. 6234

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Rural-Elkhorn Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Elkhorn Twp.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 5  
year 1942 hour 6 minutes 48 A. M.  
21. I hereby certify that I attended the deceased from  
Dec. 3 1942 to Dec. 5 1942  
that I last saw him alive on Dec. 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary occlusion Duration 2 days  
Due to thrombosis or embolism 2 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 94a  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
Date of occurrence \_\_\_\_\_  
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 John A. Dyer (M. D. or other) \_\_\_\_\_  
Address Warrenton Mo. Date signed 12/7/42

3. (a) PRINT FULL NAME Henry Gustave Linnert  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife Ida Wessel Linnert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 15, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 8 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Assessor

11. Industry or business \_\_\_\_\_

12. Name William Henry Linnert

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

14. Maiden name Wilhelmina Karrenbrock  
(City, town, or county) (State or foreign country)

15. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Crouse

(b) Address 324 W. 14th St, Little Rock, Ark.

17. (a) burial (b) Date thereof Dec. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton City Cem.

18. (a) Signature of funeral director W. W. Bebermeyer

(b) Address Warrenton Mo.

19. (a) Dec 28 1942 (b) John A. Bebermeyer  
(Date received local registrar) (Registrar's signature)

1264 (Licensed Embalmer's Statement on Reverse Side)

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

109  
00

**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, John I. Lieburg

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John I. Lieburg*

Licensed Embalmer No. 38970

P. O. Address Warrenton, W.

**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.