S. No. 2
M—5-42
v. 5-17-39
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Rodemeyer 3092

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 33

80
6
4

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

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 S. PARK 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS 80 6
(c) City or town SEDALIA 4
(If outside city or town limits, write "RURAL")
(d) Street No. 401 S. PARK
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HAROLD J. LINDEN

3. (b) If veteran, name war

3. (c) Social Security No. 487-07-5577

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife HELEN

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased 3 (Month) 6 (Day) 1906 (Year)

8. AGE: Years 36 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace ST PAUL (City, town, or county) KANSAS 1 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Drug Salesman

FATHER
12. Name JOSEPH LINDEN
13. Birthplace NOT KNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ELLA GUST
15. Birthplace [illegible] (City, town, or county) 9 (State or foreign country)

16. (a) Informant HELEN LINDEN
(b) Address SEDALIA Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 1943 (Year)
(c) Place: burial or cremation ST MARY'S CEMETARY K.C. Mo

18. (a) Signature of funeral director Gillespie
(b) Address Sedalia Mo

19. (a) 1/25/1943 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 1-15, 1943 to 1-23, 1943;
that I last saw him alive on 1-22, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to 94a

Due to

Other conditions Influenza Acute bronchitis, Pleurisy
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature J. M. Rodeman (M. D. or other) M.D.
Address Sedalia, Mo Date signed 1-23-43

B

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-4-43

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: Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.