

State File No. _____

Registrar's No. 44

FILED APR 6 1943

Registration District No. _____

Primary Registration District No. 4009

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

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Savannah
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: X X /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
 In this community 40 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mrs. Elizabeth Linder
 3. (b) If veteran, X name war _____
 3. (c) Social Security No. X

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Frank Linder
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Jan - 20 - 1872
 (Month) (Day) (Year)

8. AGE:
 Years 71 Months 2 Days 11
 If less than one day _____ hr. _____ min.

9. Birthplace Forst Kanton Bern Switzerland
 (City, town, or county) (State or foreign country)

10. Usual occupation Horsewife

MOTHER FATHER
 11. Industry or business _____
 12. Name Johanniah-Hadorn
 13. Birthplace X X Switzerland
 (City, town, or county) (State or foreign country)
 14. Maiden name Madalara Hadorn
 15. Birthplace X X Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frieda Egger
 (b) Address Monticello, Iowa

17. (a) Savannah (b) Date thereof 4-2-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Savannah

18. (a) Signature of funeral director J. Fred Terburne
 (b) Address Savannah Mo

19. (a) 4-2-1943 (b) J. H. Intehman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Andrew
 (c) City or town Savannah
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no
 If yes, name country Switzerland

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 31st
 year 1943 hour 3:00 minute _____ P. M.
 21. I hereby certify that I attended the deceased from March 14
1943 to March 31 1943
 that I last saw her alive on March 28th 1943
 and that death occurred on the date and hour stated above

Immediate cause of death Coronary Sclerosis Duration _____
 Due to jaundice 12 days
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 94
PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy none
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. C. Hoosh (M. D. or other) MD
 Address Savannah Mo Date signed 4-2-43

1072

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

Fred Terhune

Licensed Embalmer No. *1279*

P. O. Address

Savannah

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.