

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
U.S.P.O. Building  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 126 Forest Hill  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Linxwiler

3. (b) If veteran, name was Spanish-World #1 3. (c) Social Security No. 490-09-4017

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rosella Linxwiler 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 30 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	16	hr. min.

9. Birthplace Hillsboror, Ills (City, town, or county) (State or foreign country)

10. Usual occupation Postmaster

11. Industry or business "

12. Name William R. Linxwiler

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

14. Maiden name Jane Wiley

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

16. (a) Informant Mrs. A. Linxwiler

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-17-1943 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Harold J. Goehn

(b) Address Jefferson City, Missouri

19. (a) 4-21-43 (Date received local registrar) (b) Theresa Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14 year 1943 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from no attendance that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound thru heart

Due to Guards

Other conditions (Include pregnancy within 3 months of death) 164e

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence Apr 14 1943  
(c) Where did injury occur Jefferson City, Cole Mo  
(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 gun

23. Signature Edna Mansueti (M. D. or other) Address Jefferson City, Mo Date signed 4-18-43

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

MOTHER FATHER

26  
5  
4

894

**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 Louis Guest

Licensed Embalmer No. 4296

P. O. Address Jefferson City

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.

APR 29 1943  
MAY 5 1943