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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

15042

State File No.

Registration District No. 2357

Primary Registration District No. 5-8-80 4389

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 14 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76
(a) State Mo. (b) County Osage 0
(c) City or town Linn 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Marie Gelvin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 12, 1874
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 9 | 9 | hr. min. |

9. Birthplace Linn, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Peter paul Gelvin
13. Birthplace Wesphalia, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarete Lubbert
15. Birthplace Westphalia, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grancis Luckenhoff
(b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Georges Cemetery

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Linn, M

19. (a) Apr. 22/43 (Date received local registrar) (b) T. A. Dutcheville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21th.
year 1943 hour 9:50 o'clock M.

21. I hereby certify that I attended the deceased from Feb 1, 1943, to Apr 21, 1943;
that I last saw her alive on Apr 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Multiple Sarcomas. (Skull, uterus, parotid gland)

Due to

Other conditions
(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 0

23. Signature Norman W. Baldwin (M. D. or other) DO
Address Linn Mo Date signed 4-22-43

1286

(Licensed Embalmer's Statement on Reverse Side)

## 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15-042

Registration District No. 257 Primary Registration District No. 4389 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Osage
(b) City or town Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 14 yr

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

3. (a) PRINT FULL NAME Anna M Selvin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr 21 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Due to: Multiple Sarcoma (skull-kidneys, parotid gland) | |
| Due to: Primary seat of malig: — uterus | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 48 hr
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)
(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 Norman W. Baldwin (M. D. or other) DO
Address Linn Mo Date signed

SUPPLEMENTARY

S-15042