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5-17-38
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28714

State File No. 21

60000

FILED SEP 10 1943

Primary Registration District No. 5715

Registrar's No.

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

1. PLACE OF DEATH:

(a) County MCDonald

(b) City or town Bura, James, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: White Rock Inn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDonald

(c) City or town Bura
(If outside city or town limits, write "RURAL")

(d) Street No Stella MO, R.F., D. NO. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Luther Link

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased January 23 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Link

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

14. Maiden name Petrick Sunderland

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

16. (a) Informant Ebert Link

(b) Address Backycomfort MO

17. (a) Burial (b) Date thereof 6-20-1943
(Date, location, or removal) (Month) (Day) (Year)

(c) Place: burial or removal Owens Cemetery

18. (a) Signature of funeral director W. C. Williams

(b) Address Goodman Mo.

19. (a) 8-5-1943 (b) Dna Marten
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1943 hour 9 minute 20 A. 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 Myocardial Infarction

Due to _____

Due to _____

Other conditions 93a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 H. M. Humphrey

Address Duvalville Mo Date signed 7-6-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1204 (Licensed Embalmer's Statement on Reverse Side)

7523

RECEIVED

District Health Officer No. 6;

District File Number 943-1008

Date Filed SEP 9 1943

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Nusko 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.