No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28919

FILED SEP 9 1943

Registration District No. 23 3

Primary Registration District No. 5-8-5-9-4384 Registrar's No.

74
0
0

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Skidmore (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community About 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74 0 0

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

(d) Street No. Rural 1 E. 1 1/2 N. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Wesley Lininger

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Minde May Graves Deaver

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

7. Birth date of deceased 5 (Month) 22 (Day) 1874 (Year)

8. AGE: Years 69 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Austin Lininger [redacted] Lininger
13. Birthplace ~~Fillmore~~ (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Leah Gladfelter
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. Lucille Smith

(b) Address Skidmore Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cantmar

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Maryville Mo

19. (a) Aug 6-1943 (Date received local registrar) (b) Mrs Ralph Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 1943 hour 11 30 minute A M

21. I hereby certify that I attended the deceased from Feb. 15, 1943, to 7/30, 1943 that I last saw him alive on 7/20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	20 min
Coronary sclerosis	2
Due to 94a	
Due to arteriosclerosis	2
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Arteriosclerosis Jaundice opdum ~~Feb~~ ~~Ovarian~~ Feb 20, 1943

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 B. F. Bedford (M. D. or other)

Address Maryville Mo Date signed 8/9/43

1290

(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 W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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, above space should be left blank.