

FILED SEP 16 1943

Registration District No. **3003**

Primary Registration District No. **3003**

Registrar's No. **53**

1. PLACE OF DEATH:  
 (a) County **Barry**  
 (b) City or town **Monett**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**607-6th St. 1**  
 (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

3. (a) PRINT FULL NAME **SARA LINN**  
 3. (b) If veteran, name war **L** 3. (c) Social Security No. **L**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Hugh Linn** 6. (c) Age of husband or wife if alive **15** years  
 7. Birth date of deceased **Nov. 15, 1854**  
 (Month) (Day) (Year)

8. AGE: Years **88** Months **8** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name **O.P. Provence, 4**  
 13. Birthplace **England**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Lillie Wood**  
 15. Birthplace **Tenn.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Walter Campbell**  
 (b) Address **Monett, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 8-1943**  
 (Month) (Day) (Year)

(c) Place: burial or cremation **Arnhart Ceme.**

18. (a) Signature of funeral director **Blancher Shipps**  
 (b) Address **Monett + Purdy**

19. (a) **Aug. 7, 1943** (Date received local registrar) (b) **Audna Tulloughley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Barry**  
 (c) City or town **Monett**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **607-6th St.** (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **6**  
 year **1943** hour **6:30** minute **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 **Apoplexy**  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **Diabetes**  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) Manner of injury \_\_\_\_\_  
 23. Signature **W. C. Rayell** (M. D. or other) \_\_\_\_\_  
 Address **Mo.** Date signed **8/7/43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 943-1101

Date Filed 9-19-43

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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 L. H. Blankenship  
Licensed Embalmer No. 2397

P. O. Address.....

**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.**