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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 116

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. [illegible]

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: 315 Hooker St. /
(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 2 yrs. 10 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL") 2

(d) Street No. 315 Hooker St.
(If rural, give location)

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

If yes, name country X 0

3. (a) PRINT FULL NAME Emma Florentine Linnenbringer.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Edward J. Linnenbringer.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December (Month) 16th. (Day) 1878. (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	17	hr. min.

9. Birthplace Cappeln (St. Charles Co.) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

FATHER
12. Name Ernest Dieckmann, 0
13. Birthplace St. Charles County, Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Filling,
15. Birthplace Unknown. Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Linnenbringer
(b) Address 315 Hooker St. Washington, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Missouri

19. (a) Dec 24, 1943 (Date received local registrar) (b) Lucille Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd, year 1943 hour 8:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from April, 1942 to Dec 23, 1943 that I last saw her alive on Dec 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Myocarditis, Chr.	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 d

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 Frank F. Mays (M. D. or other) MD

Address 311 W 4th, Washington, Mo. Date signed 12-24-43

Hooker 1141

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. F. Mays

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~~ Lester H. Witt, ~~Registered Apprentice~~ No. ....., working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.