

No. 2
4-13-40
5-17-39
I X23159

FILED MAR 8 3 1944

Registration District No. _____

Primary Registration District No. 5112 A

Registrar's No. 40

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

1. PLACE OF DEATH: Boilinger
 (a) County. Boilinger
 (b) City or town. Rural Scopus
 (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. Entire life
 years, months or days _____

3. (a) PRINT FULL NAME. WILLIAM MARION LIMBAUGH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex male 5. Color or face white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Hutson Limbaugh
 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased Sept 28, 1860
 (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18
 If less than one day _____ hr. _____ min.

9. Birthplace near Millersville Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
 12. Name Cornelius Limbaugh
 13. Birthplace Scopus Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Delia Miller
 15. Birthplace Scopus Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant J. R. Limbaugh
 (b) Address J. R. Limbaugh

17. (a) Burial (b) Date thereof Feb 18, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Limbaugh

18. (a) Signature of funeral director Miller
 (b) Address Jackson

19. (a) 2/19/44 (b) ms. Geneva Graham
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boilinger
 (c) City or town Rural Scopus
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 mi W. Millersville
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 16
 year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 19, 1944, to Feb 16, 1944
 that I last saw him alive on Jan 19, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Prostate gland Retention of urine of severe Epidemic Parotitis
 Duration about 2 yrs

Due to _____

Due to _____

Other conditions measles
 (Include pregnancy within 3 months of death) to me

Major findings: 1370
 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 J. R. Limbaugh (M. D. or other) _____
 Address Jackson Mo Date signed 2-17-44

1005

RECEIVED

District Health Officer No. 4

District File Number 344-3465

Date Filed 3-2-44

JUN 2 1944

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

Thos. E. Allen

Licensed Embalmer No. 4055

P. O. Address

Jackson

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.