

S. No. 2
M-2-43
P. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8603

FILED MAR 2 1944

Registration District No. 200

Primary Registration District No. 6225

Registrar's No. 37

108
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Revel Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hopt # 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs, 6 mos.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kennett Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2903 Bales
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Linbarger

3. (b) If veteran, name war no 3. (c) Social Security No. 7

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married. 2 divorced widowed
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if deceased
N. Linbarger alive deceased
7. Birth date of deceased March - 4 - 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business no

MOTHER FATHER { 12. Name Hugh McChery 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hugh Linbarger

(b) Address 930 E. 30th St. K.C. Mo.

17. (a) Burial (b) Date thereof 2-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Creek Calo -

18. (a) Signature of funeral director Booth Sewell

(b) Address Bartley Mo

19. (a) 2-21-44 (b) Bozell B. Lawick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1944 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Aug - 23
1941 to 2-19-44 1944
that I last saw h. ev alive on 2-19-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
Duration unknown

Due to
Due to
Other conditions Senile psychosis
(Include pregnancy within 3 months of death) unknown

Major findings:
Of operations no
Of autopsy none 13/A
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) no
(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 0
23. Signature Frank M. Rogers (M. D. or other)
Address State Hopt # 3 Date signed 2-19-43

1331

6052
Hazel Berrick

OFF
1944

Embalmer No. 7,
District No. 2-44-262
Date Filed 3-8-44

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: *John G. Underwood*
Licensed Embalmer No. *3585*
P. O. Address: *Butler Pa*

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.