. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 133

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18129

Primary Registration District No. 3022

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Harrison

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

(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 Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Bethany 41
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. 1 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Sedalia Linville

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Linville

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

7. Birth date of deceased 1 (Month) - 22 (Day) - 1862 (Year)

8. AGE: Years 82 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Decatur Co (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Jonathan Brown
13. Birthplace (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Bailey
15. Birthplace (City, town, or county) Do not know 4 (State or foreign country)

16. (a) Informant W. P. Bryant
(b) Address Bethany Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Parsons Kans.

18. (a) Signature of funeral director S. M. Haas
(b) Address Bethany Mo.

19. (a) May 3-44 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour [illegible] minute 30 P.M.

21. I hereby certify that I attended the deceased from July 10, 1942 to May 2, 1944; that I last saw her alive on May 2, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	3 days
Due to Senility	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

107

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 H. C. Lydd Jr. (M. D. ~~or other~~)
Address Bethany, Mo. Date signed 5-3-44

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 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 S. W. Haas

Licensed Embalmer No. 1078

P. O. Address Bethany 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.