

FILED AUG 8 1944
Registration District No. 80

Primary Registration District No. 5307

1. PLACE OF DEATH:
(a) County Cole Lohman, Mo Moreau Jay
(b) City or town Lohman, Mo
(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) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

8. (a) PRINT FULL NAME Julius Carl Linsenbardt
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Babathe Linsenbardt
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 5 1886
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days 20
If less than one day hr. _____ min. _____

9. Birthplace near Lohman Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Carl Linsenbardt
13. Birthplace Germany
14. Maiden name Margdalena Jungmeter
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Linsenbardt
(b) Address Lohman, Mo

17. (a) Burial (b) Date thereof July 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lohman, Mo

18. (a) Signature of funeral director Hugo H. Schubert
(b) Address Russellville, Mo

19. (a) July 27, 44 (b) Wm. C. W. Plummer
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole 26
(c) City or town Lohman 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25
year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 23
1941 to July 25, 1944;
that I last saw him alive on July 24, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 day
Due to Malignant Hypertension year

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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 2

23. Signature E. M. Chubert (M. D. or other) 00
Address Russellville Date signed 7/27/44

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

600

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-4-44

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.....

Kings H. Schuckert

Licensed Embalmer No.....

2820

P. O. Address.....

Russellville, 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, above space should be left blank.