

FILED SEP 14 1944
Registration District No. 169

Primary Registration District No. 4258

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Edina 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT NAME

Hannah M. Hainline
3. (c) Social Security name war _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1944 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Mar 20, 1944, to Aug, 1944;
that I last saw h^e alive on _____, 1944;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sefth Hainline 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased April - 22 - 1868
(Month) (Day) (Year)

Immediate cause of death Chronic Arteriosclerotic Nephritis
Duration 1 year

8. AGE: Years 76 Months 3 Days 26 If less than one day
hr. _____ min.

Due to _____
Due to _____

9. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

Other conditions Chronic Arteriosclerotic
(Include pregnancy within 3 months of death) 1 year

10. Usual occupation Housekeeper

Major findings: 131R
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Wm. Linville
13. Birthplace uk Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Jane McMillan
15. Birthplace Elizabeth Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. W. W. Warburton
(b) Address 3229 Warland Ave. Loisk
17. (a) burial (b) Date thereof Aug-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linville-Edina, Missouri

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina Missouri
19. (a) Aug 22-44 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

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 2
Signature C. C. Gibson (M., D., or other) D.O.
Address Edina Mo. Date signed 8/18-44

1142

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

RECEIVED

District Health Officer No. 10

District File Number 9-44-1623

Date Filed SEP 13 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

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address. Edina, Missouri

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.