

1. PLACE OF DEATH:
(a) County Andrew County
(b) City or town Savannah, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Nichols' Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
In this community 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Wright #999
(c) City or town Eagle Grove 13
(If outside city or town limits, write "RURAL.")
(d) Street No. 1415 South Cadwell Avenue 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Harry Peter Lineweaver
(b) If veteran, name war No
(c) Social Security N708-03-5245

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27th
year 1944 hour 11 minute 45 a.m.
21. I hereby certify that I attended the deceased from October 15
1944 to October 27 1944
that I last saw him alive on October 27, 1944, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle M. Lineweaver
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 2 1877
(Month) (Day) (Year)

Immediate cause of death Coronary stenosis Duration 2 hrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>25</u>	<u>hr.</u> <u>min.</u>

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

9. Birthplace Lisbon Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Railway Conductor

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

11. Industry or business _____
12. Name Adam Lineweaver
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Emma Williams
15. Birthplace Pine Grove Pennsylvania
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Myrtle M. Lineweaver
(b) Address Eagle Grove, Iowa
17. (a) Removal (b) Date thereof 10/28/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eagle Grove, Iowa.
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) 10-28-44 (b) J.H. Fitchman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature J.G. Thurman (M. D. or other)
Address Sumner, Mo. Date signed 10/27/44

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

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.....

Albert C. Harrington

Licensed Embalmer No. *3258 Ind*

P. O. Address. *St. Joseph, 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.