

FILED JAN 18 1945

Registration District No. _____

Primary Registration District No. 3038

Registrar's No. 399

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Brookfield
(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 years, months or days)
 In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn
 (c) City or town Brookfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 329 Brunswick
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROBY OSCAR LINEBERRY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lillie Dell Lineberry 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 21 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 20 hr. _____ min. _____

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

10. Usual occupation R. R. Fireman

11. Industry or business _____

12. Name Martin D. Lineberry

13. Birthplace Galax Va
(City, town, or county) (State or foreign country)

14. Maiden name Laura B. Brown

15. Birthplace Galax Va
(City, town, or county) (State or foreign country)

16. (a) Informant Rosie Edwards
 (b) Address Chicago Ill

17. (a) Burial (b) Date thereof Nov-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield

18. (a) Signature of funeral director W W Cowan
 (b) Address Brookfield Mo
 19. (a) 11-12-1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
 year 1944 hour 12 minute 30 sec 00
 21. I hereby certify that I attended the deceased from March 16
1937 to Nov 11 1944
 that I last saw him alive on Nov 11 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia Duration 6 yrs.

Due to _____
 Due to 73a
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Robt. Haley (M. D. or other) M.D.
 Address Brookfield Mo Date signed 11-13-44

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

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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 J. M. Blacklock
Licensed Embalmer No. 2246
P.O. Address Brookfield 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.