

Registration District No. 128

Primary Registration District No. 2000

Registrar's No.

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **1856 N. Lyon**
(d) Length of stay: In hospital or institution **None**
In this community **55** years

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **1856 N. Lyon**
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME **Frances Linebaugh**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Howard Linebaugh** 6. (c) Age of husband or wife if alive **Unknown**
7. Birth date of deceased **June 23, 1888**

8. AGE: Years **55** Months **6** Days **22** If less than one day hr. min.

9. Birthplace **Springfield, Missouri**

10. Usual occupation **Housewife**
11. Industry or business **In Home**

12. Name **Milton Haynie**
13. Birthplace **Unknown Tenn.**
14. Maiden name **Sarah M. Beller**
15. Birthplace **Unknown Missouri**

16. (a) Informant **Howard Linebaugh**
(b) Address **Springfield, Missouri**
17. (a) **Burial** (b) Date thereof **Jan. 18 1945**

(c) Place: burial or cremation **Brookline Cemetery**
18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**
19. (a) **1-18-45** (b) **Dr. W. H. Harshey**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15,** year **1945** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **1943** to **1-15-45** that I last saw her alive on **1-15-45** and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative Heart Disease** **2 yrs.**
Hypertension Heart Disease **3-4 yrs.**

Due to
Due to
Other conditions (include pregnancy within 3 months of death) **93 d**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **[Signature]** (Specify type of place) (e) Means of injury
Address **Springfield, Mo.** Date signed **1-17-45**

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

7
2
6

FEB 5 1945

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..... *Lewis G Schapiro*
Licensed Embalmer No. *3802*
P. O. Address *Springfield, Ma*

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.

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