

FILED AUG 24 1945 STANDARD CERTIFICATE OF DEATH

State File No. **27179**  
Registrar's No. **171**

Registration District No. **77** Primary Registration District No. **3016**

1. PLACE OF DEATH: *Colo.*  
 (a) County *Jefferson*  
 (b) City or town *Jefferson City*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: *St. Elizabeths Hospital*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution *4 days* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *Missouri* (b) County *Phelps*  
 (c) City or town *Newburg*  
(If outside city or town limits, write "RURAL")  
 (d) Street No. *111* (If rural, give location)  
 (e) Citizen of foreign country? *No* (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *Minnie Mae Linze*  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *7/16* day \_\_\_\_\_  
 year *1945* hour \_\_\_\_\_ minute *7 P* M.  
 21. I hereby certify that I attended the deceased from *7/17* 19*45* to *7/16* 19*45*  
 that I last saw her alive on *7/16* 19*45*  
 and that death occurred on the date and hour stated above.

4. Sex *Female* 5. Color or race *White*  
 6. (a) Single, widowed, married, divorced *Married*  
 6. (b) Name of husband or wife *Chas. Linze*  
 6. (c) Age of husband or wife if alive *22* years  
 7. Birth date of deceased *May 25 1928*  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
 Due to *Diabetes mel &*  
*Acute parenchymatous nephritis*  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years *17* Months *1* Days *21*  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Rolla mo* *0*  
(City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business \_\_\_\_\_  
 12. Name *Alexander Smith*  
 13. Birthplace *Blount mo*  
(City, town, or county) (State or foreign country)  
 14. Maiden name *Emera Berdson*  
 15. Birthplace *Newburg mo*  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations *61*  
 Of autopsy \_\_\_\_\_

16. (a) Informant *Charles Linze*  
 (b) Address *Newburg mo*  
 17. (a) *Burial* (b) Date thereof *19 July 1945*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 Place: burial or cremation *Roach Cemetery*

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 *by 5*

18. (a) Signature of funeral director *Lee Johnson*  
 (b) Address *Newburg mo*  
 19. (a) *8-3-45* (b) *Merna Reutter*  
(Date received local registrar) (Registrar's signature)

23. Signature *M R Aldridge* (M. D. or other) *by 5*  
 Address *Jefferson City 7110* Date signed *7/16/45*

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

Removed

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-23-45

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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. 3392  
working under my personal supervision.

Signed..... Lee Johnson

Licensed Embalmer No. Newburg

P. O. Address..... 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.