S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34084

FILED NOV 2 8 1945

Registration District No. 12 Primary Registration District No. 3034 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville
(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 Many years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette
(c) City or town Higginsville City
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henrietta Louise Linke
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Ernest Linke -Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 22-1861 (Month) (Day) (Year)
8. AGE: Years 83 Months 9- Days 8 If less than one day hr. min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation ----
11. Industry or business -------
FATHER 12. Name Don't know
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't know
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Martha Bufka
(b) Address Higginsville. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4th 45 (Month) (Day) (Year)
(c) Place: burial or cremation Johnsberg. Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Higginsville. Mo.
19. (a) Oct 2-1945 (Date received local registrar) (b) Clayton H. Landrum (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept- day 30 year 1945 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from Feb. 2, 1943, 19..., to September 30, 1945 that I last saw her alive on September 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxic endocarditis	1 day
Due to Gastric carcinoma	3 year
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. M. Moore (M. D. or other)
Address Higginsville, Missouri Date signed 10-1-45

1561 (Licensed Embalmer's Statement on Reverse Side)

Landrum

District

District

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 Forest S. Hoefer

Licensed Embalmer No. 4358

P. O. Address Higginsville 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.