V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36519

Registration District No. 4 Primary Registration District No. 4019 Registrar's No.

1. PLACE OF DEATH:

(a) County ATCHISON

(b) City or town ROCK PORT
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Rock Port, Mo 1
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PAULINE ELIZABETH LINGERFELT

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

4. Sex FEMALE 1 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 5 (Month) 25 (Day) 1861 (Year)

8. AGE: Years 84 Months 6 Days 11 If less than one day hr. min.

9. Birthplace GREENVILLE (City, town, or county) TENN 1 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name THOMAS CARLTON
13. Birthplace UNKNOWN (City, town, or county) TENN 1 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN TENN
15. Birthplace UNKNOWN (City, town, or county) " 1 (State or foreign country)

16. (a) Informant Myrtle Phillips
(b) Address Rock Port, Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation UTTERBACK, CEM.

18. (a) Signature of funeral director Bartholomew Mortuary
(b) Address Rock Port, Mo

19. (a) Dec. 6. 1945 (Date received local registrar) (b) Betty Crabtree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Dec~~ 6th day Dec year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from NOV. 26 1945, to Dec. 6, 1945 that I last saw her alive on Dec 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 33 b
Of autopsy None

Duration

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 Chas. T. Settle M. D. or other M. D.

Address Rock Port Mo Date signed 12-6-45

1571 (Licensed Embalmer's Statement on Reverse Side)

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. Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address. Rock Port. 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.