

No. 2
-5-43
-17-39
X36671

State File No.

FILED APR 15 1946

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Harris on
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town Bethany 1
(If outside city or town limits, write "RURAL")
(d) Street No. South 17th St. 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ruth Linville

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased April 4 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 25 hr. min.

9. Birthplace Bethany Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Josiah Linville 1
13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

14. Maiden name Viola Alley 1
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lilly M. Linville

(b) Address Bethany, Mo.

17. (a) Burial (b) Date thereof Mar. 17, '46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miriam

18. (a) Signature of funeral director M. B. Hais
(b) Address Bethany, Mo.

19. (a) Mar. 16 '46 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1946 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan 2 1946 to 3-15 1946
that I last saw her alive on 3-12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with myocardial degeneration
Due Chronic Myocarditis Duration 54 yrs - 10 yrs -

Due to.....

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations C
Of autopsy 31
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 [Signature] (M. D. or other) 0
Address Bethany Mo Date signed 3/14/46

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Melvin B. Huas

Licensed Embalmer No. *3899*

P. O. Address *Bethany 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.