S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16139

Registration District No. 81

Primary Registration District No. 5324

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Crawfords

(b) City or town Bourbonis BOONE-Tusky
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #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 Crawford 28

(c) City or town Bourbon 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Herbert Linton

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 489-10-3824

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie Buschhorn Linton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 12 (Day) 1885 (Year)

8. AGE: Years 61 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Engineer

11. Industry or business Chevrolet-St. Louis

FATHER

12. Name William Linton

13. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

MOTHER

14. Maiden name Nellie Ward

15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Nettie Buschhorn Linton

(b) Address Route #1, Bourbon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address 6633 Clayton Rd., St. Louis 17, Mo.

19. (a) 5-14-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1946 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from 11:30 p.m. May 13, 1946, to 12:15 a.m. May 14 1946
that I last saw him alive on May 14 12:15 a.m. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

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

94W

Major findings:
Of operations .....

Of autopsy .....

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 G W Taylor (M. D. or other) D.O.

Address Sullivan Mo Date signed 5-14-46

75

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1946

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 .....

Licensed Embalmer No. 1994

P. O. Address .....

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.