

FILED AUG 6 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Thirty-two days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Marceline
(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 Linebaugh, Harvey Richard

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Linebaugh, Lottie 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February 20 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 10 If less than one day
hr. _____ min. _____

9. Birthplace Chariton Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dance Hall Operator

11. Industry or business _____

MOTHER FATHER { 12. Name Linebaugh, Issac
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Winters, Parthena
15. Birthplace Chariton Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Linebaugh, Lottie
(b) Address Marceline Mo

17. (a) Removal (b) Date thereof July 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marceline Mo

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia Mo

19. (a) 7-30-46 (b) MRS R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from
June 28 1946 to July 30 1946
that I last saw him alive on 7-30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Paralytic Illness
Due to unknown cause

Due to Carcinoma of Rectum with Metastasis to Lungs lyst

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

Major findings: Of operations See above

Of autopsy See above 460

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 Samuel V. Adkerman (M. D. or other) M.D.
Address Canaan Hosp. Columbia Mo Date signed 7/30/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number 8-46-11
Date Filed 8-3-36

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 L. H. L. L.

Licensed Embalmer No. 41327

P. O. Address Columbia

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.