. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

32846

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34019

FILED NOV 7 1946

Registration District No. 171 Primary Registration District No. 4266 Registrar's No. 2

**1. PLACE OF DEATH:**

(a) County Lafayette
(b) City or town Wellington
(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
In this community 57 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lafayette 54
(c) City or town Wellington 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lizzie Linns
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female /
5. Color or race Wht.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 22, 1867
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 5 | 2 | hr. min. |

9. Birthplace Augusta, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business self
FATHER
12. Name unknown 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Laura Borberg
(b) Address Wellington, Missouri
17. (a) Burial (b) Date thereof 9/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Wellington, Missouri
18. (a) Signature of funeral director
(b) Address Wellington, Missouri
19. Oct. 21, 1946 (b) Letter Drummond
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 27
year 1946 hour 1 PM minute M.
21. I hereby certify that I attended the deceased from March 1946
2 , 19 , to 27 Sept , 1946;
that I last saw her alive on 26 Sept , 1946;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

83A

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 0
23. Signature Joe W Ward MD (M. D. or other)
Address Lexington, Mo. Date signed 9/29 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-2-46

DEC 16 1946

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**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 W. Roy Ewen
W. Roy Ewen
Licensed Embalmer No. 4305

P. O. Address Wellington, Missour

**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.**