S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1946

State File No. 34410

Registration District No. 279 — Primary Registration District No. 4415 — Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Clarksville
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike 82
(c) City or town: Clarksville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: LINNIE THOMAS DUVALL
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept (Month) 6 (Day) 1867 (Year)

8. AGE: Years 79 | Months 1 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: Lincoln Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: House wife
11. Industry or business .....

FATHER
12. Name: Abraham Milton Thomas
13. Birthplace: unknown (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name: Missouri Howard
15. Birthplace: Lincoln Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Mrs. Milton Duvall
(b) Address: Clarksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 30 (Month) /46 (Day) (Year)
(c) Place: burial or cremation: Greenwood
18. (a) Signature of funeral director: Harry L Carroll
(b) Address: Clarksville Mo
19. (a) 11-1-46 (Date received local registrar) (b) Luda Richard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th year 1946 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Sept 1 1st, 1946, to Oct 28, 1946, that I last saw alive on Oct 28th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma stomach — Duration: not known
Due to: not known
Due to: —
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

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: C M Bartlett (M. D. or other)
Address: Clarksville Mo Date signed: 10/29/46

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(Licensed Embalmer's Statement on Reverse Side)

APR 29 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 Oct 28/46

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry L. Carroll

Licensed Embalmer No. 2439

P. O. Address Clarksville 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.