

Registration District No. **218**

Primary Registration District No. **4330**

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Mississippi
(c) City or town East Prairie, Mo.
(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

JAMES M. LINTZ

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov. day 2 year 1946 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 25 1946 to Nov 2 1946 that I last saw him alive on Oct 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral Hemorrhage

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vivian Lura Lintz 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased (Month) Aug (Day) 2 (Year) 1860

8. AGE: Years 86 Months 2 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Obione, Tennessee (City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant James D. Smith

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof Nov 3, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Do you want to

18. (a) Signature of funeral director David Shelby

(b) Address East Prairie, Mo.

19. (a) 12-4-46 (b) Bertrude G. Harper (Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations _____
Of autopsy g. b. a.

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 11

23. Signature A. J. Martin (M. D. or other) Address East Prairie, Mo. Date signed 11/5/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office No. 2
District File Number 1246-150
Date Filed 12-27-46

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 *Francis Shelby*
Licensed Embalmer No. *2726*

P.O. Address *East Prussia, Pa.*

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.