

FILED JAN 29 1947

Registration District No. _____

Primary Registration District No. 4012

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Rock Port.
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Atchison

(c) City or town Rock Port.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WM. CUSTER LINVILLE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8th
year 1947 hour 10 minute - P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married. SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
alive _____ years

7. Birth date of deceased: 10 15 1888
(Month) (Day) (Year)

Immediate cause of death: CHRONIC ENDOCARDITIS AND EXPOSURE

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

58 2 28 hr. _____ min.

9. Birthplace Atchison Mo (City, town, or county) (State or foreign country)

Major findings: PPD

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name James Linnville

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

14. Maiden name Adeline Davis

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

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 2

23. Signature J. Ross Fey (M. D. or other) DO
Address weather Date signed 1-9-47
Coroner

16. (a) Informant Berthelomus Mortuary

(b) Address Rock Port. Mo

17. (a) Burial (b) Date thereof 1/10/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cem

18. (a) Signature of funeral director Berthelomus Mortuary

(b) Address Rock Port. Mo.

19. (a) 1-10-47 (b) Betty Crabbe
(Date received local registrar) (Registrar's signature)

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 *Grady Bauchlowe*
Licensed Embalmer No. *3173*
P. O. Address *Rock Point.*

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.