

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13543

State File No.

FILED APR 28 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1690

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Memorial Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 45 yr  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits write "RURAL")

(d) Street No. 1415 Charlotte  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Linehart

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

6. (a) Single single, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 25 - 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 25 If less than one day  
hr. min.

9. Birthplace St. Charles  
(City, town, or county) (State or foreign country)

10. Usual occupation Refiner

11. Industry or business Restaurant man

12. Name Rudolph Reinhardt

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

14. Maiden name Susan Ann Reinhardt

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

16. (a) Informant Louise Brennan

(b) Address Catawissa Mo

17. (a) Removal (b) Date thereof Apr 14 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill

18. (a) Signature of funeral director Wm B. Foster

(b) Address 914 Franklin

19. (a) 4-14-47 (b) Alfredine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th  
year 1947 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1 April 1947 to 13 April 1947  
that I last saw him alive on 13 April 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Coronary heart disease

Due to Tertiary lues

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

Major findings: Of operations

Of autopsy 30%

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 name of place) Means of injury

23. Signature Walter R. Frost (M. D. or other)

Address 720 Bryant 1899 Date signed 4/14/47

Duration 3 days  
?  
?  
14 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

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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 *E. H. Neise*.....

Licensed Embalmer No. 2570.....

P. O. Address HO 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.