

S. No. 2
M-5-43
v. 5-17-39
I X38871

FILED APR 28 1947
Registration District No. **289**

Primary Registration District No. **3048**

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Maryville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Weeks**
(Specify whether years, months or days)

In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Skidmore "Rural"**
(If outside city or town limits, write "RURAL")

(d) Street No. **5 1/2 Miles N.E.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME **JOHN WILLIAM LINVILLE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Missouri Ann (Dec.)**

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

7. Birth date of deceased **March 3, 1854**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	1	12	hr. - - min.

9. Birthplace **Graham Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer-Retired**

11. Industry or business **None**

12. Name **Henry Cole Linville**

13. Birthplace **Nodaway Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Brown**

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

16. (a) Informant **William Henry Linville**

(b) Address **Skidmore, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/17/47**
(Month) (Day) (Year)

(c) Place of burial or cremation **Grove Cemetery**

18. (a) Signature of funeral director **Chas. Funeral home**

(b) Address **120 East 1st, Maryville, Mo.**

19. (a) **4/17/47** (Date received local registrar) (b) **Bess Holt** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**
year **1947** hour **4** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **Feb. 17, 1947** to **Apr. 15, 1947**
that I last saw him alive on **April 15, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration**
due to uremia

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**

Of autopsy **None**

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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature **H. M. Hallis** (M. D. certificate)
Address **Maryville Mo** Date signed **4-17-47**

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 L Ger*

Licensed Embalmer No. *2539*

P. O. Address..... *Mayville 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.