

No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18334

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: Bethwell Hospital
(If outside city or town limits, write "RURAL" and name of township)

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

In this community ten days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. 1 1/2 Miles North Syracuse
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Native

3. (a) PRINT FULL NAME FRED EDWIN LINHARDT

3. (b) If veteran, name war No

3. (c) Social Security No. 492-12-4463

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1947 hour 6 minute 35p. M.

21. I hereby certify that I attended the deceased from May 2, 1947 to May 12, 1947 that I last saw h. alive on and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Linhardt 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 24th, 1879
(Month) (Day) (Year)

Immediate cause of death Embolism Duration 30 min

8. AGE: Years 67 Months 5 Days 18 If less than one day hr. min.

Due to Fracture of right hip joint today

Due to Fall

9. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Linhardt

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

14. Maiden name Sarah Rutzong

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

16. (a) Informant Mary Linhardt (wife)

(b) Address Syracuse, Mo. (Rural)

17. (a) Burial (b) Date thereof 5/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo.

18. (a) Signature of funeral director Richard Fenner Home

(b) Address Tipton, Missouri

19. (a) 5/14/47 (b) Betty Yeager
(Date received local registrar) (Christ's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 186A

Of autopsy 18

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) accident 27

(b) Date of occurrence May 2 1947

(c) Where did injury occur? this house
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Chas D. Osborne (M. D. number 77-D)
Address Sedalia, Mo. Date signed 5/14/47

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-23-47

MAR 26 1948

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 Phane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.