S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23753

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 106

1. PLACE OF DEATH:

(a) County Cooper

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

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

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

In this community about 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper 27

(c) City or town Boonville (If outside city or town limits, write "RURAL") 1

(d) Street No. 305 Santa Fe (If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HELEN VIRGINIA LINGO

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov. (Month) 17 (Day) 1930 (Year)

8. AGE: Years 16 Months 7 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Chariton County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Thomas J. Lingo
13. Birthplace Chariton County (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Irene Wisman
15. Birthplace Chariton County (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Thomas J. Lingo

(b) Address Boonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville Mo

19. (a) 7-2-47 (Date received local registrar) (b) D. Hooper (Registrar's signature) 591

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from June 17, 1947 to July 1, 1947 that I last saw her alive on July 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Rheumatic fever	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

58E

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature T. C. Beckett (M. D. or other) MD

Address Boonville Mo Date signed 7-2-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.

District File Number .....

Date Filed 5-7-47

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.