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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32162**

FILED OCT 7 1947

Registration District No. **229**

Primary Registration District No. **3056**

Registrar's No. **223**

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 6 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 601 Harrison
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GERTRUDE MAY LINSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 2 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 1, 1947 to Oct 2, 1947 that I last saw her alive on Oct 1, 1947 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife George Thomas Linson 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 26 1879
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to Stroke

Due to _____

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

68 5 25 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jeppha Featherford

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

14. Maiden name Reida Pollard

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

16. (a) Informant Mrs. George Linson

(b) Address 601 Harrison St. Moberly, Mo

17. (a) Burial (b) Date thereof Oct 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Blanche [Signature]

(b) Address _____

19. (a) Oct 3-47 (b) Leah [Signature]
(Date received local registrar) (Registrar's signature)

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

Major findings: g3A

Of operations _____

Of autopsy _____

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) no

(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 L. G. [Signature] (M.D. or other)

Address Moberly, Mo Date signed 10/2/47

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

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.....

Louis C. Zapper

Licensed Embalmer No.....

4261

P. O. Address.....

Maine Me

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.