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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34999

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 131

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hosptial 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 days (Specify whether
In this community 4 months & 9 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1122 Calhoun Street 2 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Buelah Viola Linneman
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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 9 (Day) 1894 (Year)

8. AGE: Years 53 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Braymer (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Richard V. Minghini
13. Birthplace (City, town, or county) West Virginia (State or foreign country)
MOTHER
14. Maiden name Mary V. Loy
15. Birthplace Romney (City, town, or county) West Virginia (State or foreign country)
16. (a) Informant Mrs. Stanley Scruby
(b) Address Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer, Missouri
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Oct-9-47 (Date received local registrar) (b) Frances B Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th year 1947 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Oct 7 3, 1947, to Oct 8, 1947 that I last saw her alive on Oct 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism — Duration 1 day
Due to cause unknown except she had a severe attack of asthma
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 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)
(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 R J Foreman (M. D. or [redacted])
Address Chillicothe Mo Date signed 10-8-47

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1950

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 Eltore F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.