

No. 2  
5-15-43  
5-17-39  
1 X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37674

State File No. \_\_\_\_\_

FILED NOV 17 1947

Registration District No. 120

Primary Registration District No. 4199

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

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

In this community 4 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town McFall  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Lona Marie Linville

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Henry Ward Linville

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 30 1899  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1947 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 2nd 1947, to Oct 4th 1947 that I last saw her alive on October 4th 1947 and that death occurred on the date and hour stated above.

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

48 5 4 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business House Wife

MOTHER FATHER { 12. Name William Edward Moling

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

14. Maiden name Cintha Bell Wilson

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

Immediate cause of death Carcinoma Duration 2 yrs

Due to Injury of Cervix

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury 2

16. (a) Informant Eva Rockwell

(b) Address McFall, Mo

17. (a) Burial (b) Date thereof Oct 6 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McFall, Mo

18. (a) Signature of funeral director Ed Brown

(b) Address Pattonburg, Mo

19. Nov 7 1947 (Date received local registrar) (b) Homer D. White (Registrar's signature) 103

23. Signature Bezee Shelton (M. or other) 8 + D.O.

Address Pattonburg, Mo Date signed 10-6-47

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN Underline the cause to which death should be charged statistically.

(On file)

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.....

*Robert V. Dunham*....., Registered Apprentice No. 50  
working under my personal supervision.

Signed *E. S. Horner*.....

Licensed Embalmer No. 2857.....

P. O. Address Pattonsburg, 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.

Registration District No. 120

Primary Registration District No. 4199

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

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town McFall  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Lena M. Linville  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased April 30 (Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days \_\_\_\_\_ (If less than one day) hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
 { 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 { 14. Maiden name \_\_\_\_\_  
 { 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

13. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1977 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 29 to Oct 3 and that death occurred on the date and hour stated above.  
 Immediate cause of death Cancer Duration \_\_\_\_\_

Due to Undetermined

Due to Developed from area of Cervix of uterus -

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations H&A  
 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) 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 B. Lee Sullivan (M.D. or other) \_\_\_\_\_ Date signed 11-26-79

37674

B. The Shellen B. v.  
Patterson, Inc. v.