

FILED Feb 3 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 576

Registration District No. 15

Primary Registration District No. 4138

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Clinton
 (b) City or town Lathrop
 (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 5 yr.
years, months or days3. (a) PRINT FULL NAME LILA JEAN LINKVILLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Howard Linkville 6. (c) Age of husband or wife if alive 29 years7. Birth date of deceased Feb 9 1923
(Month) (Day) (Year)8. AGE: Years 24 Months 11 Days 12 If less than one day hr. _____ min. _____9. Birthplace KANSAS CITY KANS
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Hugh Raymond Darwin13. Birthplace Milable MO
(City, town, or county) (State or foreign country)14. Maiden name GLADYS NIEMENSCHEIDER15. Birthplace CAMERON MO
(City, town, or county) (State or foreign country)16. (a) Informant HOWARD LINKVILLE(b) Address LATHROP, MO17. (a) BURIAL (b) Date thereof 1-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation LATHROP, MO.18. (a) Signature of funeral director W. Moss Creek(b) Address Cameron, Mo.19. (a) Jan 24, 1948 (b) Wilfred W. Moser
(Date received local registrar) ((Registrar's signature) 380)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton 25(c) City or town Lathrop 2
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

21

20. DATE OF DEATH: Month January day _____
year 1948 hour 9 minute 30 A.M.21. I hereby certify that I attended the deceased from 1945
er Jan-21-48 to 1-21-48, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis 3
yr and post partum haemorrhage 6

Due to _____

Due to _____

Other conditions Pregnancy at term
(Include pregnancy within 3 months of death)Major findings: 146
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)
(e) Means of injury 023. Signature E. B. Duverson (M. D. or other) _____Address Lathrop 1720 Date signed 1-21-48

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.....

Harold L. Walker....., Registered Apprentice No. 21
working under my personal supervision.

Signed.....

Daniel H. Lyon
Licensed Embalmer No. 3640

P. O. Address Plattsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Registration District No. 75 Primary Registration District No. 4138

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Saturday
(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 Lila J. 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 Feb 9 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (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 Feb year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 9 to 19;
that I last saw him alive on Feb 9 and that death occurred on the date and hour stated above.
Immediate cause of death Yes delivery 1/2 hrs prior to death

Duration

Due to to death

Due to

Other conditions (Include pregnancy within 5 months of death)

Major findings: E.C.B. Wunderson M.D.

PHYSICIAN

Of operations
Of autopsy OK

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY - USE UNFADING BLACK INK - MARK TO PREVENT RECORD

SUPPLEMENTARY

S-574

11-17-3