

FILED FEB 11 1948

Registration District No. 284

Primary Registration District No. 3056

Registrar's No. 41

1. PLACE OF DEATH

(a) County Randolph
(b) City or town Marceline
(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 years, months or days)
In this community 18 months

3. (a) PRINT FULL NAME

Parthenia Linebaugh

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 Widowed
6. (b) Name of husband or wife Osace Linebaugh (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 2 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Winters
13. Birthplace Chariton Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Ganning
15. Birthplace Chariton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Line Oliver

(b) Address Marceline Mo
17. (a) Burial (b) Date thereof Jan 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Oliver (Relig)

18. (a) Signature of funeral director James M. Langley

(b) Address Marceline Mo

19. (a) 1-31-48 (b) James M. Langley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pinn 58
(c) City or town Marceline 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1948 hour 7 minute 20 AM

21. I hereby certify that I attended the deceased from Jan 1 48
1948 to Jan 29 48 1948
that I last saw her alive on Jan 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis

Duration

6mo

Due to _____

Due to _____

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

Major findings:

Of operations 0

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? _____

While at work? _____ (Specify type of place)
(Specify type of means of injury) _____

23. Signature H. J. [unclear] (M. D. or other) _____
Address Marceline Date signed 1-30-48

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

RECEIVED

District Health Officer No. 1

District File Number 2-48-269

Date Filed FEB -9-1948

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 *Blanche McLaughlin*

Licensed Embalmer No. *1909*

P. O. Address *Marceline Ma*

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.