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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12716

Registrar's No. 1723

FILED MAY 7 1948

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Research Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days (Specify whether  
In this community 4 Days (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette 54  
(c) City or town Wellington 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Mr. John A. Lineback

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Lena Lineback 6. (c) Age of husband or wife if alive unk. years  
7. Birth date of deceased Nov. 29 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 4 20 hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name James Lineback  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Ellen M. Murphy  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James C. Lineback  
(b) Address 324 N. DENVER  
17. (a) Removal (b) Date thereof 4-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wellington, Mo.

18. (a) Signature of funeral director Stine & McClure  
(b) Address Kansas City, Mo.

19. (a) 4-20-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1948 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Apr. 17 1948, to Apr. 19 1948;  
that I last saw him alive on Apr. 19 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration mi!  
Due to phlebothrombosis of femoral veins unknown  
Due to

Other conditions Myocardial Infarction  
(include pregnancy within 3 months of death)

Major findings: Of operations 942 PATHOLOGIAN  
Of autopsy As above 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 John A. Lineback (M: D. or other) M.D.  
Address 934 Maple Bluff Date signed 4-20-48

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

SEP 2 1948  
SEP 16 1948

H. H. Ferris  
Angeles, Calif.  
HALL 9/30

**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

*J. Alan Sheppard*

Licensed Embalmer No. *14179*

P. O. Address *K. C. M. Co.*

**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.**