

Registration District No. 56 Primary Registration District No. 5195 State File No. _____ Registrar's No. 21

1. PLACE OF DEATH:
(e) County Canal
(b) City or town Horbone Mo Rural Pravel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Horbone Mo R.R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Canal
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Horbone Mo R.R. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME. Floyd Francis Linnill
3. (b) If veteran name war World War 1 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 5 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Louis Linnill

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

14. Maiden name Elizabeth Ligner Stage

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

16. (a) Informant John Linnill

(b) Address Horbone Mo RR 2

17. (a) Burial (b) Date thereof Sept 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Fairlane Cemetery

18. (a) Signature of funeral director John Deitch

(b) Address Horbone Mo

19. (a) 9-27-1948 (b) Eileen Permutation
(Date received local registrar) (Registrar's signature) 11/10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Sept
year 1948 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
Season of Fall, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the day and hour stated above.

Immediate cause of death Shot down blast at base of skull Duration _____

Due to Suicide - left note

Due to _____

Other conditions (Include pregnancy within 5 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) Suicide

(b) Date of occurrence Sept 24 1948

(c) Where did injury occur? Farm Canal Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Charles Rutt (M. D. or other) Corner
Address Canal Mo Date signed 9-25-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-13-48

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John E. Deitch

Licensed Embalmer No. 365-4

P. O. Address Northme 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.