No. 300
10.48

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

FILED APR 23 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12525

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1666

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 West 61st St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4 West 61st St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOHN
b. (Middle): M.
c. (Last): LINGER

**4. DATE OF DEATH** (Month): 4 (Day): 14 (Year): 49

**5. SEX**: Ma
**6. COLOR OR RACE**: Wh
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Aug. 25, 1890
**9. AGE** (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Attorney
**10b. KIND OF BUSINESS OR INDUSTRY**: Real Estate
**11. BIRTHPLACE** (State or foreign country): Kansas City, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Abel Linger
**13b. MOTHER'S MAIDEN NAME**: Mary M. Vaught
**14. NAME OF HUSBAND OR WIFE**: Mary Ellen Linger
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): XX
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mary Ellen Linger, Kansas City, Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic disease — 4 yrs
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS ✓ 4201
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION** ✓
**19b. MAJOR FINDINGS OF OPERATION** ✓
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) ✓
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan, 1944, *to* 4/14, 1949, *that I last saw the deceased alive on* 4/14, 1949, *and that death occurred at* 7a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J.A. Tesson J.A. Tesson M.D.
**23b. ADDRESS**: 907 Rialto Bldg
**23c. DATE SIGNED**: 4/15/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-16-49
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 4-15-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: J.W. Wagner K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Reale
11-2389

## 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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Alvin R. Hannschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.