

FILED JAN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41550

BIRTH NO. _____		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>4344</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louter Island</u>		c. LENGTH OF STAY (in this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louter Island</u>		0700 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi. N.W. of Hermann, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>2 Mi. N.W. of Hermann, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Magdalena</u>		b. (Middle) _____		c. (Last) <u>Link</u>	
4. DATE OF DEATH		(Month) _____ (Day) <u>Dec. 15</u> (Year) <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>Married</u>		8. DATE OF BIRTH <u>Jan. 12th 1868</u>		9. AGE (In years last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>5</u>	
13a. FATHER'S NAME <u>Jacob Luksinger</u>		13b. MOTHER'S MAIDEN NAME <u>Do not Know</u>		14. NAME OF HUSBAND OR WIFE <u>August Link</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. Meyer McKittrick, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left hip</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept. 5, 1945</u> , to <u>Dec. 15, 1950</u> , that I last saw the deceased alive on <u>Dec. 14, 1950</u> , and that death occurred at <u>4:14 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ref. G. Fisher</u> (Degree or title) <u>1002</u>				23b. ADDRESS <u>Herman, Mo.</u>		23c. DATE SIGNED <u>12/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Louter Island Cemetery, Warren Co., Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Dec. 15-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>		432		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>August H. Blumer, Hermann, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 16 1950

DISTRICT HEALTH OFFICE No. 4
File No.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Chas. D. Pope

Signed

Student Embalmer

Licensed Embalmer No. 2552

P. O. Address Hermahn, 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.