

FILED MAR 27 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8949
Registrar's No. 84

0485

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

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Independence	
c. LENGTH OF STAY (in this place) 17 yrs		d. STREET ADDRESS (If rural, give location) 1003 S. Pope	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence, 1003 S. Pope			

0485

3. NAME OF DECEASED a. (First) Herman		b. (Middle) H.		c. (Last) Linnenbringer		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1951					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1863		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired dairy farmer			10b. KIND OF BUSINESS OR INDUSTRY Self employed			11. BIRTHPLACE (State or foreign country) St. Charles County, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John H. Linnenbringer				13b. MOTHER'S MAIDEN NAME Margatha Meyer			14. NAME OF HUSBAND OR WIFE Anna G. Linnenbringer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none none			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna G. Linnenbringer, Indep. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic lymphatic leukemia						INTERVAL BETWEEN ONSET AND DEATH 1 yr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						2043 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Generalized Arteriosclerosis						years	
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 June 13, 1950, to Feb. 28, 1951, that I last saw the deceased alive on January 19, 1951, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Linnenbringer		(Degree or title) MD		23b. ADDRESS 1003 S. Pope		23c. DATE SIGNED 3/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. Mar 2, 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.	

MAR 28 1955

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 *John M. Heiman*.....

Licensed Embalmer No. *4704*.....

P. O. Address *Independence, 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.