

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10895**

**FILED APR 13 1942**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5497**

Registrar's No. **88**

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

1. PLACE OF DEATH:

(a) County **HENRY**

(b) City or town **LADUE DAVIS TWP**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**AT HOME**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NONE**  
(Specify whether years, months or days)

In this community **ALL OF LIFE**

3. (a) PRINT FULL NAME **GRACE ALLEN LINN**

(b) If veteran, name war **NONE**

(c) Social Security No. **NONE**

4. Sex **F** | 5. Color or race **W** | 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ROBERT LEE LINN** | 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **JULY 21 1867**  
(Month) (Day) (Year)

8. AGE: Years **74** | Months **8** | Days **13** | If less than one day hr. min.

9. Birthplace **CLINTON MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **V**

MOTHER FATHER { 12. Name **ALLEN VANSKOYA**

13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA POTTER**

15. Birthplace **INDIANA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Lee Linn**

(b) Address **Ladue Mo**

17. (a) **Burial** (b) Date thereof **4-6-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **H. H. Cassant**

(b) Address **Clinton Mo**

19. (a) **April 5, 1942** (b) **Georgia Kitchen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **HENRY 042**

(c) City or town **LADUE**  
(If outside city or town limits, write "RURAL")

(d) Street No. **DAVIS TWP.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **4**  
year **1942** hour **1** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Jan 19**, 19**38**, to **Apr. 4**, 19**42**;  
that I last saw her alive on **Apr. 4**, 19**42**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Osteoarthritis** | Duration **10 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **malnutrition**  
(Include pregnancy within 3 months of death)

Major findings: **598**  
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) \_\_\_\_\_

(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) (e) Means of injury \_\_\_\_\_

23. Signature **W. E. Baggerly** (M. D. or other) **0**  
Address **Montrose Mo** Date signed **4-5-42**

1007

APR 16 1942

RECEIVED

District Health Officer No. 7,

District File Number 4-42-378

Date Filed 4-13-42

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

*H. J. Carlsant*

Licensed Embalmer No.

3779

P. O. Address

Clinton 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.