

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21287

Do not use this space.

## 1. PLACE OF DEATH

(a) County Henny Registration District No. 347<sup>42</sup>  
 (b) Township Clinton Primary Registration District No. 3018<sup>2</sup> Registered No. 145  
 (c) City Clinton (d) Street No. 1512 E. Lincoln St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 7 yrs. 4 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

JOHN B. LINEBECK  
 (a) Residence, No. 513 E. LINCOLN St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ira M. Linebeck</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug - 18 - 1867</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>10</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation <u>Life</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ladue Mo.</u>				
FATHER	13. NAME <u>Arnon Linebeck</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Guttridge</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Joe Harris</u> <u>Clinton Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>June 30 1942</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fred Wilkins</u> <u>Clinton Mo.</u>				
20. FILED <u>June 29, 1942</u> <u>Georgia Kitchen</u> Local Registrar J.R.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1942

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1942, to 6-28, 1942  
 I last saw him alive on 6-28, 1942. Death is said to have occurred on the date stated above, at 8:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Cerebral Hemorrhage  
 Date of onset Unknown  
5-18-42

Other contributory causes of importance:  
93h

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) August D. Powell M. D.  
 (Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-42-694

Date Filed 7-7-42

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**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 Fred Wilkinson

Licensed Embalmer No. 2478

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, above space should be left blank.**