DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35736

State File No.

Registration District No. 11 Primary Registration District No. 4 Registrar's No.

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Linneus
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ___ (Specify whether years, months or days) In this community ___

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Linn

(c) City or town: Linneus
(If outside city or town limits, write "RURAL")

(d) Street No. ___
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mattie C. Gartner

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: —

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: July (Month) 19 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days — If less than one day ___ hr. ___ min.

9. Birthplace: Linneus (City, town or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: —

MOTHER FATHER

12. Name: L. P. Boisseau

13. Birthplace: Ind (City, town or county) (State or foreign country)

14. Maiden name: Martha Carr

15. Birthplace: Ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Roy P. Parker

(b) Address: Linneus

17. (a) Linneus (Burial, cremation, or removal) (b) Date thereof: Apr 20/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Cem

18. (a) Signature of funeral director: Hunter Rollins

(b) Address: Brookfield

19. (a) 9/20/40 (Date received local registrar) (b) Maud T. Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1940 hour 3-40 minute P M.

21. I hereby certify that I attended the deceased from Aug 16, 1940, to Sept 18, 1940; that I last saw he alive on Sept 18, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia (Hypostatic)	Sept 18 40
Due to: Uremia	Sept 18 40
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): Fracture femur	Aug 16 40

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury: —

23. Signature: [illegible] (M. D. or other) MD

Address: Linneus, Mo Date signed: 9-20-40

(Licensed Embalmer's Statement on Reverse Side)

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

1942

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.....L W Rollins.....

Licensed Embalmer No.....11694.....

P. O. Address.....Brookfield W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
-2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35736

Registration District No. 501 Primary Registration District No. 4304 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linneus (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Mattie C. Gartner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hypostatic)

Due to Uremia arteriosclerosis

Due to

Other conditions Fract Femur (Include pregnancy within 3 months of death)

Major findings:
Of operations 18 W 18

Of autopsy

Duration

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) accident

(b) Date of occurrence Aug 16, 1940

(c) Where did injury occur? Linneus Linn Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall on steps.

23. Signature [signature] (M. D. or other)

Address Linneus Mo Date signed 12-18-40