

FILED FEB 10 1947
Registration District No. 257

Primary Registration District No. 5880

Registrar's No. _____

1. PLACE OF DEATH:
 (a) = County Osage
 (b) City or town Linn, Mo. R D.
(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)
 In this community 81 Years
years, months or days

3. (a) PRINT FULL NAME Rebecca Armor
 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 Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased September 26th, 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 26
 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
 { 12. Name John Mantle
 { 13. Birthplace England
(City, town, or county) (State or foreign country)
 { 14. Maiden name Eliza Banks
 { 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Mantle
 (b) Address Linn, Mo.

17. (a) Burial (b) Date thereof Jan 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Clyde Morton
 (b) Address Linn, Mo.

19. (a) Jan 31-1947 (b) La. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage
 (c) City or town Linn, Mo. R D.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 22nd,
 year 1947 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____
 to _____
 that I last saw her Dead live on Jan 22nd, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental burned to death in Home

Due to Being trapped in burning Home

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 18/15
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence January 22nd, 1947
 (c) Where did injury occur? Linn, Mo. R D.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the Home

While at work? _____
(Specify type of place.) (e) Means of injury Burning

23. Signature Clyde Morton Coroner
(M. D. or other)
 Address Linn, Mo. Date signed 1/25/47

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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Date Filed 2-8-47
District File Number

District Health Officer No. 9,
RECEIVED

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..... *Vernon M. Morton*
Licensed Embalmer No. 4125
P. O. Address *Linn*

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.