

REC'D APR 7 1938

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

10073  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Bates Registration District No. 47  
 (b) Township Deer Creek Primary Registration District No. 5070  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 5  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Birdina Landes 5-3-2  
 (a) Residence, No. Adrian 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kennedy Landes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-18-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

FATHER 13. NAME Frank A. Eros.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo.

MOTHER 15. MAIDEN NAME Christine Elizabeth Land  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) M. Landes Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resent Hill DATE Mar-24-1938

19. FUNERAL DIRECTOR (ADDRESS) Leath and Dix Adrian

20. FILED March 25, 1938 John O. Stephens

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 94%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) Richard Smith, M. D.  
 (Address) Rich Hill, Mo.  
Coroner, Bates Co., Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Fred P. Creath, Licensed Embalmer No. 3343

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Fred P. Creath

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Fred P. Creath  
Licensed Embalmer No. 3343

**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.)**