

REC'D SEP 25 1939

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

29490
Do not use this space.

1. PLACE OF DEATH Johnson 3 Registration District No. 426
 (a) County
 (b) Township Chilhowee 1 Primary Registration District No. 5581
 (c) City ~~Chilhowee~~ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 332 Fred J. Landis
 2. PRINT FULL NAME
 (a) Residence, No. _____ 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 M	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie J. Landis				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7th 1884				
7. AGE	YEARS 50	MONTHS 11	DAYS 10	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic			
	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 25 yrs	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilhowee Mo				
FATHER	13. NAME Charles D. Landis			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Ill			
MOTHER	15. MAIDEN NAME Margret E. Calhoun			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilhowee Mo			
17. INFORMANT (ADDRESS) Grace Valentine Chilhowee				
18. BURIAL, CREMATION, OR REMOVAL PLACE Chilhowee Cem DATE Sept 22-39				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. L. Cook Chilhowee, Mo				
20. FILED 9-18-39 O. C. Cook Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1939	
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____	
I last saw h. _____ alive on _____, 1939. Death is said to have occurred on the date stated above, at 8:30 P. M.	
The principal cause of death and related causes of importance were as follows: Automobile accident Car turned over Fractured skull Date of onset	
Other contributory causes of importance: 210 2	
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: <u>accident</u> Date of injury: <u>Sept. 17, 1939</u> Where did injury occur? <u>Chilhowee Mo.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Public road</u>	
Manner of injury <u>car turned over</u>	
Nature of injury <u>fractured skull</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ M. D. (Address) <u>W. S. Bradley Corner Washburn Mo.</u>	

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.

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 _____ me
_____, Registered Apprentice No. ~~#####~~ 2708
working under my personal supervision.

Signed _____ *O. L. Leach*

Licensed Embalmer No. 2708

P. O. Address Chilhowee, 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.