DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1940

Registration District No. 5

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1602

Primary Registration District No. 3004

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Bates County

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

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

(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)

In this community: 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

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

(d) Street No.: 7 miles Southeast Amsterdam (If rural, give location)

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

3. (a) PRINT FULL NAME: Lee Landreth 536

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Nevada Landreth

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: I (Month) 22 (Day) 1868 (Year)

8. AGE: Years 71 Months 11 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace: Clay County (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: 9

FATHER 12. Name: Isom Landreth 9

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

MOTHER 14. Maiden name: Susie Hamilton

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

16. (a) Informant's own signature: Nevada Landreth

(b) Address: Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Keeton Cemetery

18. (a) Signature of funeral director: Archer & Mangold

(b) Address: Amsterdam Mo. 53

19. (a) Jan 6 1940 (Date received local registrar) (b) Nina R Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 5 year: 1940 hour: 2 minute: P M.

21. I hereby certify that I attended the deceased from: 12-27, 1939, to: 1-5-1940, 1940 that I last saw him alive on: 1-5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ 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): ____

(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. ~~brother~~)

Address: Butler, Mo. Date signed: 1-5-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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 2-40-238
Date Filed 2-13-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.