

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

1641
Do not use this space.

FILED FEB 6 1940

1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia (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.

2. PRINT FULL NAME Edward Watson Lansing
 (a) Residence, No. 1404 Bass 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Jaspers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 16-28-1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1940
 22. I HEREBY CERTIFY that I attended deceased from March 15 1917 to Jan 12 1940
 I last saw him alive on Jan 11 1940 Death is said to have occurred on the date stated above, at 7:10 Am.
 The principal cause of death and related causes of importance were as follows:
Chronic adhesive peri carditis with Cardiac failure & edema
 Date of onset _____
 Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.
 13. NAME Henry Lansing
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.
 15. MAIDEN NAME Cora Shannon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co.
 17. INFORMANT (ADDRESS) A. B. Lansing
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. Jan 13 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harpers Columbia, Mo.
 20. FILED 1/13/1940 Allie Selby Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Xray 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? no
 If so, specify _____
 (Signed) Doyle J. ... M. D.
 (Address) Columbia 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 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.
working under my personal supervision.

Signed Paul M. G. Sturgis
Licensed Embalmer No. 4069
P. O. Address Columbia

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.