

JAN 25 1941

Registration District No. 233

Primary Registration District No. 5318

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Leasburg
(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

In this community 70 Years
years, months or days

8. (a) PRINT FULL NAME Martha Jane Land

3. (b) If veteran, name war No
8. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Land
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 8 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name George Davis

13. Birthplace Leasburg, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Avery

15. Birthplace Leasburg, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Land

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Nov. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads

18. (a) Signature of funeral director

(b) Address Sullivan, Missouri

19. (a) Nov. 28 (b) M. J. Durbin, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 27th
year 1940 hour 9 minute 40 AM.

21. I hereby certify that I attended the deceased from 11:20 to 11:27, 1940
that I last saw her alive on 11-27-40
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to Chronic Bronchitis complicated with acute
Due to Edema of Lungs

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Edema of Lungs

Of operations

Of autopsy

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?

23. Signature E. H. Hume (M. D. or other)
Address Bourbon, Mo Date signed 11-27-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 5,
District File Number 14191
Date Filed _____

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

Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, N.Y.

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.