

Registration District No. 380Primary Registration District No. 4224Registrar's No. 1

## 1. PLACE OF DEATH:

(a) County Howard  
 (b) City or town New Franklin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None (Specify whether  
 In this community Life years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
 (c) City or town New Franklin Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
 year 1941 hour 11:00 AM minute 10 A. M.

21. I hereby certify that I attended the deceased from  
Jan 8, 1941, to Jan 12, 1941;  
 that I last saw her alive on Jan 11, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration unknown

Due to hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

## 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 \_\_\_\_\_  
 28. Signature G. L. Chamberlain (M. D. or other) \_\_\_\_\_  
 Address New Franklin Mo Date signed 1-13-41

3. (a) PRINT FULL NAME NETTIE B. LANDRAM

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

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

6. (b) Name of husband or wife Wm S Landram 6. (c) Age of husband or wife if dec years

7. Birth date of deceased April 23 1855  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Franklin Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Peter Barkman

13. Birthplace Hagerstown Md  
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Burgoise

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

16. (a) Informant's own signature C. V. Landram

(b) Address New Franklin Mo

17. (a) burial (b) Date thereof 1-14-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant

18. (a) Signature of funeral director C. H. Newland

(b) Address New Franklin Mo

19. (a) 1-14-1941 (b) Clara V. Landram  
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,  
District File Number 14-8-C  
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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed H. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.