

FILED MAY 9 1941

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

15389

Do not use this space.

1. PLACE OF DEATH
 (a) County Ozark Registration District No. 920
 (b) Township Gasper Primary Registration District No. 5859 Registered No. _____
 (c) City _____ (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 Otis Junior Landsdown
 (a) Residence, No. Isabella St. (If nonresident, give city or town and State) 0
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/11 1941
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .1 hrs. or min.
- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isabella Ozark Co. Mo.
- FATHER
 13. NAME William H. Landsdown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mo.
- MOTHER
 15. MAIDEN NAME Biddie Snider
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isabella Ozark Co. Mo.
17. INFORMANT (ADDRESS) William H. Landsdown Isabella Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Isabella DATE 4/12 1941
19. FUNERAL DIRECTOR (ADDRESS) Pete Willbanks Isabella Mo. 58
20. FILED 4/16 1941 Mary F. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11 1941
22. I HEREBY CERTIFY, That I attended deceased from 4/11 1941, to 4/11 1941, I last saw him alive on 4/11 1941. Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:
born before its time Date of onset _____
- Other contributory causes of importance: 15A
- 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? _____ 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? _____
 If so, specify _____
 (Signed) P. J. McCallough M. D.
 (Address) Isabella Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FORM 7-20-37 I X12004

RECEIVED

District No. 6,

District No. _____

Date Filed _____

RECEIVED

District No. 6,

District No. 541-746

Date Filed MAY 7 1946

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)