

No. 2
13-40
17-39
X23

FILED AUG 15 1941 318
Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 551

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rock Castle Apartments
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **039**
(c) City or town Springfield, **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. Rock Castle Apartments
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Russell A. Landis

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Jean Landis 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 30, 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Rockford, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Roofer

11. Industry or business _____

12. Name Porter H. Landis

13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Belle Thompson

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

16. (a) Informant Mrs. Jean Landis

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof July 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winebago County, Illinois

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-9-41 (b) W. E. Haudley M.D.
(Date received local registrar) (Registrar's signature)

704 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1941 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from at Rock Castle Apartments at 4:15 p.m., 1941;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Excessive alcoholism and bad heart for some time as reported by her

Due to wife and the Police Department.

Due to No Doctor Present at time of death.

Other conditions Death
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury ?

23. Signature W. E. Haudley M.D. (M. D. or other)

Address 227 E. Olive St. Springfield. Date signed 7/7/41

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

MOTHER FATHER

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 Lewis G Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X