

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.

FILED AUG 11 1941

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

26041
Do not use this space.

1. PLACE OF DEATH *St. Clair*

(a) County *St. Clair* Registration District No. *761*

(b) Township *Appleton* Primary Registration District No. *6002* Registered No. *25*

(c) City *Appleton City* (d) Street No. *1*

(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 *HIRAM ZED LANDERS* *67 yrs in this Community*

(a) Residence, No. *Appleton City, St. Clair Co. Mo.* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *no war* *GEORGIA ANNE LANDERS* *no. Social Security*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 9, 1857*

7. AGE YEARS *84* MONTHS *—* DAYS *4* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

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) *Vandella Illinois*

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (NAME) (ADDRESS) *Raymond Landers* *Appleton City Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Burial* DATE *July* 19 *1941*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Frank Bee* *Appleton City, Mo*

20. FILED *7-14-41* 19 *Mrs. Orla Amey* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 12* 19 *41*

I HEREBY CERTIFY, That I attended deceased from *11-19* 19 *37*, to *7-12* 19 *41*

I last saw him alive on *7-12* 19 *41*. Death is said to have occurred on the date stated above, at *3:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Myocarditis, ch

Other contributory causes of importance: *9th*

Name of operation Date of
What test confirmed diagnosis? 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) *W. H. ...* M.D.
(Address) *Appleton City, Mo*

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1265

Date Filed 8-7-41

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,

on the 12. th day of July 1941, or by

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

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, Wis

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.