

S. No. 2
 -1-4-41
 5-17-39
 PI X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

7493

State File No.

Registrar's No. 75

Registration District No. 632

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)
 In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD Hughesville
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
 year 1942 hour 6 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Jan 1-42
 1942 to Feb. 18 1942
 that I last saw h. alive on Feb. 18. 42 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Decompensated Heart
 Due to Myocarditis
acute Paratyphoid Infection
 Due to hypertension
enlarged prostate probably malignant
 Other conditions Right Hemiplegia
(Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations 5 lb.
 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? _____

(Specify type of place) _____
 While at work? _____ (Specify type of place)
 (d) Means of injury _____
 23. Signature J. P. Duntshell (M. D. or other) MD
 Address Sedalia Date signed 2/20

3. (a) PRINT FULL NAME George Wilson Landes

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

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

6. (b) Name of husband or wife Mary Todd 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 17 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Stanton Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Abram Landes
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Isabell Finley
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thos. J. Ream
 (b) Address RFD Hughesville, Mo.

17. (a) Burial (b) Date thereof 2/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Chapel
Callegie Funeral Home

18. (a) Signature of funeral director _____
 (b) Address 903 S. Ohio, Sedalia, Mo.

19. (a) 2-19-42 (b) Malvina Berger
(Date received local registrar's) (Registrar's signature)

1022

(Licensed Embalmer's Statement on Reverse Side)

MO

42

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

30
6
4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-42

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 _____

L. E. Boulbin
Licensed Embalmer No. 3867

P. O. Address Seaside 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, fact should be so stated above.