V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11719

Registration District No. 719 Primary Registration District No. 5950-6234 Registrar's No. 38

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town LIVONIA Grand Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
LIVONIA MO 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM 86

(c) City or town LIVONIA 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME LAURA ISABELL LANDTISER

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

4. Sex F 1 5. Color or race W. 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife ~~[illegible]~~ 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 (Month) 29 (Day) 1871 (Year)

8. AGE: Years 70 Months 7 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) MO 6 (State or foreign country)

10. Usual occupation RETIRED FARM WIFE

11. Industry or business ✓

FATHER
12. Name HL DICKERSON
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name CAROLINE BAUGH
15. Birthplace (City, town, or county) MO 6 (State or foreign country)

16. (a) Informant Mrs Sybil Abbott
(b) Address Unionville Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation St John, CEM.

18. (a) Signature of funeral director F. O. Husted & Son
(b) Address Unionville Mo

19. (a) MAR 30 42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Feb 1942 to March 1942
that I last saw her alive on March 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

61

Duration

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

23. Signature P. O. Hart M.D. (M.D., or other)
Address Coatsville Date signed 3/25/1942

1099 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-16-842
Date Filed APR 16 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.