

FILED MAY 4 1942

Registration District No. 713

Primary Registration District No. 5942

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town "Rural" Cullen Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: _____ (Specify whether
in this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Rural** Cullen Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lizzie Land

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

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

6. (b) Name of husband or wife Irvin Pleasant Land 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct. 6, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Pulaski Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Josiah Brown

13. Birthplace Franklin, Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Pricilla Alexander

15. Birthplace Franklin, Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant I. P. Land

(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 4/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazlegreen, Mo.

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address Waynesville, Mo.

19. (a) Apr 21 1942 (b) Chas M Dodd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4
year 1942 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 4-4-1942 to 4-4-1942
that I last saw h. alive on 4-4-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature G. Miller M.D. (M. D. or other) _____

Address Waynesville, Mo. Date signed 4-11-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

35
00

RECEIVED

Pulaski County Health Officer

File Number 442-129

Date Filed 4-30-42

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.....

Paul B. Hooper

Licensed Embalmer No.....

3261

P. O. Address.....

Crocker 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.