

FILED JUN 13 1942
Registration District No.

Primary Registration District No. 4027

Registrar's No. 0

1. PLACE OF DEATH: Bates Co.
(a) County Bates Co.
(b) City or town Adrian, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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: _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Charles J Landon
3. (b) If veteran, name war: 1
3. (c) Social Security No. 1

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced P
6. (b) Name of husband or wife: P 6. (c) Age of husband or wife if alive: P years
7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days 22 If less than one day hr. _____ min. _____

9. Birthplace Filmox Co. Minn. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER
12. Name: P
13. Birthplace: P (City, town, or county) (State or foreign country)
14. Maiden name: _____
15. Birthplace: P (City, town, or county) (State or foreign country)

16. (a) Informant Bates Co. Journal
(b) Address Bates, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Hill, Bates, Mo.

18. (a) Signature of funeral director Arvath & Sons
(b) Address Adrian, Mo.

19. (a) May 22 - 42 (Date received local registrar) (b) Ethel C. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour 7 minute _____ M.
21. I hereby certify that I attended the deceased from no _____, 19____, to _____, 19____, that I last saw him alive on no _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to _____
Due to _____
Other conditions: 93d (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Arvath & Sons (M. D. or other) M.D.
Address Cornell Bates Co. Date signed 5-20-42

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

700

RECEIVED

District Health Officer No. 7,

District File Number 6-42-623

Date Filed 6-10-42,

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.....

Licensed Embalmer No. 3250

P. O. Address Adrian 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.

This body was not embalmed

4M