

FILED AUG 18 1942

Registration District No.

Primary Registration District No. 205

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

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Savannah  
(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: In hospital or institution. (Specify whether

In this community 90 yrs  
years, months or days)

3. (a) PRINT FULL NAME MARGRETE BAUM LANDERS

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

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

6. (b) Name of husband or wife Joe Landers 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. 9 - 21 - 1851  
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Andrew County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business.

12. Name John Baum

13. Birthplace in known Hermann  
(City, town, or county) (State or foreign country)

14. Maiden name Cristina Frick

15. Birthplace in known Hermann  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Baywood

(b) Address Savannah Mo

17. (a) B (b) Date thereof 7-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) July 8-42 (b) H. H. Fitchman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. North 3rd + Highway  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7  
year 1942 hour 3 A.M. M.

21. I hereby certify that I attended the deceased from July 1st 1941, to July 7th 1942  
that I last saw her alive on July 5th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency

Due to old age

Due to

Other conditions

(Include pregnancy within 3 months of death) 92 L

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

23. Signature J. C. Hoshor (M. D. or other)

Address Savannah Mo Date signed 7/7/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**