

FILED OCT 13 1942

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH:

GREENE

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Burge Hospital, Springfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural S Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. Route 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Sue Landrum

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

4. Sex F.M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Landrum 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Unknown Unknown 1871

8. AGE: Years 71 Months Unknown Days Unknown If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. C. F. Griffin
(b) Address 501 S. Newton

17. (a) Burial (b) Date thereof Oct. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut, Springfield, Mo.

19. (a) 10-2-42 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1942 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from Sept 25
1942 to Sept 30, 1942
that I last saw her alive on Sept 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to not determined
Due to not determined
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of liver
Of operations liver
Of autopsy.....

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?
✓

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

23. Signature D. M. H. Sibley (M. D. or other)
Address Springfield, Mo. Date signed 10-1-42

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

MOTHER, FATHER

39
26

39

W

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

Frank Grable Jr

Licensed Embalmer No.

4140

P. O. Address

Springfield, Sns.

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.