

FILED DEC 11 1942

Registration District No. 29/174

Primary Registration District No. 5638

Registrar's No. 1319 10

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

1. PLACE OF DEATH:

(a) County Lawrence Mo

(b) City or town. Miss Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
Mo State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

In this community 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk - 87

(c) City or town Columbia - 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME William Landreth

3. (b) If veteran name war unknown

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13th
year 1942 hour 3:20 minute P M.

4. Sex Male 5. Color or race White

6. (a) Single widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 24th 1942 to Nov 13 1942
that I last saw him alive on Nov 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus Duration 10 years

8. AGE: Years 55 Months 2 Days 7 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Farmer

Other conditions Degenerative Cardiovascular Disease
(Include pregnancy within 3 months of death)

Major findings 61
Of operation

11. Industry or business _____

12. Name John Landreth

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

14. Maiden name Unknown

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

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Michael, Pearl Clark

(b) Address Mo State San. Miss Vernon Mo

17. (a) Funeral Burial (b) Date thereof Nov 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo

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? _____

18. (a) Signature of funeral director Carroll Blue Federal Home

(b) Address Columbia, Mo

19. (a) 11/13/42 (b) Carroll Blue
(Date received local registrar) (Registrar's signature)

While at work: _____ (Specify type of place) (c) Means of injury D

23. Signature Attacker, M.D. (M. D. or other) _____
Address Miss Vernon Mo Date signed 11-18-42

RECEIVED

District Health Officer No. 6,

District File Number 1242-1713

Date Filed DEC 9 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

William H. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.