

Registration District No. 124

Primary Registration District No. 5432

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Stanton
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Donald E. Landing

3. (b) If veteran, name war Child 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 12 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 3 28 hr. min.

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

10. Usual occupation School Boy.

11. Industry or business School

12. Name John Landing

13. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

14. Maiden name VICIA Binsbacher

15. Birthplace Stanton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Landing

(b) Address Stanton, Missouri

17. (a) Burial (b) Date thereof Jan. 12, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanton, Missouri.

18. (a) Signature of funeral director Thos. L. Stoffer

(b) Address Sullivan, Missouri

19. (a) 1/11/43 (b) Silvest Silhaus
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Stanton
(If outside city or town limits, write "RURAL")
(d) Street No. -----
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 8 P.M.
1-10- 1943, to 9:40 P.M. 1-10- 1943

that I last saw him alive on 1-10- 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis - fulminating Duration 17 hours

Due to -----

Due to -----

Other conditions 6
(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 -----

23. Signature C. A. Proctor (M. D. or other) -----

Address Sullivan, Mo. Date signed 1-11-43

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.....

Edgar W. Sullivan

Licensed Embalmer No.....

3394

P. O. Address.....

Sullivan, 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, above space should be left blank.