

FILED APR 14 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution 212-Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 82 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5 (If outside city or town limits, write "RURAL")
(d) Street No. 212-Cedar 4 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis Landrum

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jul 10 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Landrum

13. Birthplace Moniteau Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Wilbrite

15. Birthplace Cole County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Landrum

(b) Address 212-Cedar

17. (a) Burial (Burial, cremation, or removal) Elston, Mo. (b) Date thereof 3-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Elston, Mo.

18. (a) Signature of funeral director Hanna Lewis
(b) Address 700 Jefferson

19. (a) 3-11-43 (b) Thorma Richter
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Mar. day 9
year 43 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Feb. 27, 1943 to Mar. 9, 1943
that I last saw him alive on Feb 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Hypostatic

Due to Cerebral Thrombosis 2-27-43

Due to Arteriosclerosis

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 83d

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. A. Ossman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 3/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

[Handwritten Signature]

Licensed Embalmer No. 3641

P. O. Address Demo.

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.