

ED MAR 16 1943

Registration District No. 334

Primary Registration District No. 4459

1. PLACE OF DEATH:

(a) County St Clair  
(b) City or town Osceola  
(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 61 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair  
(c) City or town Osceola  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John C. Landaker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m 5. Color or race W  
6. (a) Single, widowed, married, divorced w  
6. (b) Name of husband or wife Sarah Weber  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12 25 1856  
(Month) (Day) (Year)

8. AGE: 86 Years Months Days If less than one day  
66 1 26 hr. min.

9. Birthplace Franklin Co Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

12. Name Nathan Landaker  
13. Birthplace W. Va  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Bytlin  
15. Birthplace W. Va  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Luetow

(b) Address Osceola Mo

17. (a) Burial (b) Date thereof 2-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Landaker Cemetery

18. (a) Signature of funeral director Osceola 3 Home

(b) Address Osceola Mo

19. (a) 3/3/43 (b) T. Boardman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21  
year 1943 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from 9-26, 1940, to 2-21, 1943;  
that I last saw him alive on 2-21, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Cerebral Hemorrhage 3 yrs.

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

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 T.H. Dangler, Jr. (M. D. or other) M.D.  
Address Osceola, Mo. Date signed 3-3-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number

2-43-85

Date Filed

3-8-43

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

*Chas Gilbert Hathaway*

Licensed Embalmer No.

4267

P. O. Address

*Escola, 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.