

JUL 10 1943 Enloe 77

Registration District No. 77Primary Registration District No. 3016Registrar's No. 115

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
209 Monroe Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Mary Louise Landmann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Louis Landmann 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 4 1865
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 11 23 hr. _____ min.9. Birthplace Hamburg, Germany 4
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name August Fischer13. Birthplace Germany 4
(City, town, or county) (State or foreign country)14. Maiden name Margaretha Wischmann15. Birthplace Germany 4
(City, town, or county) (State or foreign country)16. (a) Informant Dorothy A. Franklin
(b) Address Lebanon, Missouri17. (a) Burial (b) Date thereof May-30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation River View Cemetery18. (a) Signature of funeral director Norm J. Gaden(b) Address Jefferson City, Missouri19. (a) 6-1-43 (b) Harold Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Jefferson 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 209 Monroe Street 4
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27
year 43 hour 9:45 minute P M.21. I hereby certify that I attended the deceased from
April 29 1943 to 5/27/43 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic
Pneumonia.

Due to

Fractured femur.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

3 days3 days

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) fell under bed room.(b) Date of occurrence 4/29/43 12-1(c) Where did injury occur? Jefferson City, Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HomeWhile at work? No (Specify type of place) (e) Means of injury Fall23. Signature Harold Richter M.D. (M. D. or other)Address Jefferson City, Mo Date signed 5/29/43

877

(Licensed Embalmer's Statement on Reverse Side)

112

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 Fred P. Duller

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.

84-1-2