

FILED JUL 8 1943

6082

Registration District No. 21

Primary Registration District No. 6082

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Nelson "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Arrow Rock Turn 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline

(c) City or town Napton "Rural"
(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 0

3. (a) PRINT FULL NAME HOWARD EUGENE LAND

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from Wed request June 14 - 1943
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 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 Sept - 15 - 1931
(Month) (Day) (Year)

Immediate cause of death By drowning in pond

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no

8. AGE: Years 11 Months 8 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Land Jr

{ 13. Birthplace Saline Co mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Leta Bell Cornett

{ 15. Birthplace Wexton mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Land Jr

(b) Address Napton mo

17. (a) Burial (b) Date thereof 6-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem. Marshall mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall mo

19. (a) June 15-43 (b) Mrs. W. E. Shackelford
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental 197

(b) Date of occurrence June 14, 1943

(c) Where did injury occur? North of Nelson mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In pond on farm
While at work? _____ (e) Means of injury Saline Co

23. Signature of R. Lawless Croner (M. D. or other) _____
Address Maas Hill mo Date signed 6-15-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

77
00

1255

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-2-43

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.....

Harry Hershberger

Registered Apprentice No. 334

working under my personal supervision.

Signed *Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address *Clinton MA*

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.