

FILED AUG 11 1943

Registration District No. 135

Primary Registration District No. 3127

Registrar's No. 58

19
6
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution
312 W. Rose St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 days (Specify whether)

In this community 43 years (Specify whether)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male Color or race white

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife F. Leola Landreum

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

7. Birth date of deceased November 13, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 18 If less than one day yr. min.

9. Birthplace Laurel County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business

12. Name M. A. Landreum

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

14. Maiden name Lorraine Anderson

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

16. (a) Informant Mrs. F. Leola Landreum

(b) Address 312 W. Rose St. Webb City, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof July 3, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Webb City Undertaking Co.

(b) Address Webb City

19. (a) Date received from local registrar July 3, 1943 (Registrar's signature) Mrs. Lillie Page

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Webb City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 312 W. Rose St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1943 hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from 6/28, 1943, to 7/1, 1943
that I last saw him alive on 6/30, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation 4 days

Duration 4 days

Due to

Due to

Other conditions Diabetes Mellitus, Lobar Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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)

(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. P. ... Date signed 7/3/43

43-7-615

MAY 20 1952

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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Leighton M Johnston
Licensed Embalmer No. 4304
P. O. Address Webb 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.