S. No. 2
—11-10-39
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31519

FILED OCT 6 1943

Registration District No. 1943

Primary Registration District No. 3017

Registrar's No. 110

27
1
2

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: Alex Van Ravenswaay Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hrs. (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 045 0 0

(c) City or town Rural - New Franklin
(If outside city or town limits, write "RURAL")

(d) Street No. U-S-Highway East of New Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME THEODORE WILLIAM LANDWEHR

3. (b) If veteran, name war no.

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Gladys Kluseman Landwehr

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb. 17 - 1908.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	6	21	br. min.

9. Birthplace Warren Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business at Home

FATHER
12. Name William Landwehr
13. Birthplace Warren Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Caroline Rekate Landwehr
15. Birthplace Warren Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Gladys Landwehr

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director C. S. Neuman

(b) Address New Franklin, Mo.

19. (a) Sept-9-43 (Date received local registrar) (b) Dr. Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1943 hour 8 minute 30 9 M.

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

	Duration
Immediate cause of death: Fracture larynx with hemorrhage	
Due to Accidental blow by metal on larynx	
Due to Explosion shock absorber	
Other conditions shock (Include pregnancy within 3 months of death)	

Major findings:
Of operations 195e 1
Of autopsy 5

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) Accident 027

(b) Date of occurrence Sept 6 - 1943

(c) Where did injury occur Boonville (City or town) Cooper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (garage). (Specify type of place)

While at work? No (e) Means of injury Blow

23. Signature M L Dickraeger (M. D. or other) M.D.

Address Boonville Mo Date signed 9/8/43

1088

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8,

Filed Number

Date Filed 10-1-43

OCT 6 1943

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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, above space should be left blank.