

FILED DEC 17 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42059

Registrar's No. 259

Registration District No. 179

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RR#3 Jefferson City, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME INFANT LANDWEHR

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

4. Sex male 5. Color or race white 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 Nov. 28, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 — hr. — min.

9. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business —

MOTHER FATHER
12. Name Frank Landwehr
13. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Blaine Bode
15. Birthplace Cole County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Landwehr
(b) Address RR#3 Jefferson City, Mo.

17. (a) Burial St. Peter's Cemetery (Burial, cremation, or removal) (b) Date thereof 11/29/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Sylvester Dulle
(b) Address Jefferson City, Mo.

19. (a) 12-4-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 28 1943 to Nov. 29 1943
that I last saw him alive on Nov. 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to Premature rupture of membranes
Due to ROP position
Other conditions ROP position
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 159
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 J. Osman (M. D. or other M.D.)
Address Jefferson City, Mo. Date signed 12/3/43

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

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.....

Sylvester A. Smith

Licensed Embalmer No.

4321

P. O. Address.....

Jefferson 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.