

FILED DEC 17 1943

Registration District No. 274

Primary Registration District No. 3052

350

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA

(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

(c) City or town RURAL ROUTE #5 SEDALIA Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3 MI. EAST SEDALIA.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LARRY LANDES

(b) If veteran, name war _____ (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 11 - 8 - 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. 25 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name CARL EDWARD LANDES

13. Birthplace CLIFTON CITY Mo. D.
(City, town, or county) (State or foreign country)

14. Maiden name RUTH ELLIS

15. Birthplace LAMINE Mo. D.
(City, town, or county) (State or foreign country)

16. (a) Informant CARL E. LANDES

(b) Address RURAL SEDALIA Mo.

17. (a) BURIAL (b) Date thereof 11-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK.

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA Mo.

19. (a) 11/9/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 8th
year 1943 hour 6 minute 13 P.M.

21. I hereby certify that I attended the deceased from November 7, 1943 to November 8, 1943
that I last saw him alive on November 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Premature glycosuria in mother.

Due to Diphtheria Mallei 10 yrs.

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

Major findings: 159 Of operations _____

Of autopsy _____

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) Means of injury

23. Signature Anna Berger (M. D. or other) _____
Address Sedalia Mo Date signed 11/9/43

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

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed _____

12-14-43

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 _____

Body not embalmed

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.