

Registration District No. 86-

Primary Registration District No. 4144

1. PLACE OF DEATH

(a) County COOPER
(b) City or town PILOT GROVE - MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove, Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1944 hour 10 minute - A.M.

21. I hereby certify that I attended the deceased from 1-22-1944 to 1-24-1944
and that I last saw h.c.y. alive on 1-23-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93a

Major findings: Of operations _____

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.D. Boley (M.D. or other) _____

Address Pilot Grove Date signed 1-25-44

3. (a) PRINT FULL NAME MARY-CUNARD-LANDON

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Landon 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 10 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 14 If less than one day ✓
hr. _____ min. _____

9. Birthplace Harpers Ferry Va
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name James Landon

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

14. Maiden name Orak Carver

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

16. (a) Informant J.D. Boley

(b) Address Pilot Grove, Mo

17. (a) None (b) Date thereof 1-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Cem

18. (a) Signature of funeral director Way & Jantzen

(b) Address Pilot Grove, Mo

19. (a) Jan 26-44 (b) W. Chas. Swap
(Date received local registrar) (Registrar's signature)

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

7
0
0

X26390

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-3-44

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 _____

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.