

FILED FEB 9 1944

Registration District No. **369**

Primary Registration District No. **4538**

Registrar's No. **4**

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

1. PLACE OF DEATH: **Wayne**
 (a) County **Wayne**
 (b) City or town **Piedmont**
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **18 Months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Wayne**
 (c) City or town **Piedmont**
 (d) Street No.
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Carl Edwin Landing**
 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
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased **May 20 1942**
 (Month) (Day) (Year)

8. AGE: Years **1** Months **7** Days **17**
 If less than one day hr. min.

9. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name **Nathen Landing**
 13. Birthplace **Missouri**
 14. Maiden name **Alma Meaders**
 15. Birthplace **Missouri**

16. (a) Informant **Alma Landing**
 (b) Address **Piedmont, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 9. 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Flat Woods Cemetery**

18. (a) Signature of funeral director **F. L. Yates**
 (b) Address **Piedmont, Mo.**

19. (a) **1-18-1944** (b) **Mrs. Lottie Manns**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
 year **1944** hour **6 a.m.** minute **30** M.

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

Immediate cause of death **Branchial pneumonia**

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

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?
 (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 **E. J. Jones** (M. D. or other)
 Address **Piedmont, Mo.** Date signed **1-18-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 244-3271
Date Filed 2-5-44

STATEMENT BY LICENSED EMBALMER

Not

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 Ida M. Yates

Licensed Embalmer No. 2572

P. O. Address Piedmont, 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.