

FILED JUL 20 1944
Registration District No. _____

Primary Registration District No. 5070

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Rural - Miford township
(If outside city or town limits, write "RURAL" and name of township)
(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 1
(Specify whether
In this community 5 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barton 6
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Eppie Lou Landingham
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1944 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 10
1944 to June 11 1944
that I last saw her alive on June 10 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alf Landingham
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan. 1 1886
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis
Duration 2 Days
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 58 Months 5 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Barton Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name William W. Barnes
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth John Saggitt
15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Alf Landingham
(b) Address Miford, Mo.
17. (a) burial (b) Date thereof June 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waynes Cemetery
18. (a) Signature of funeral director J. B. Beeny & Sons
(b) Address Sheldon, Mo.
19. (a) 6-12-44 (b) Martha River
(Date received local registrar) (Registrar's signature)

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 P. C. E. Ducet (M. D. or other) MD
Address Lamas Mo Date signed June 12 1944

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 744-822

Date Filed JUL 13 1944

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.