

FILED DEC 14 1944

State File No. _____

Registration District No. 709

Primary Registration District No. 5424

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell Rural
(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 _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Campbell Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. Union St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John H Landis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased

March 30 1864
(Month) (Day) (Year)

8. AGE:

Years 80 Months 7 Days 27 If less than one day hr. _____ min. _____

9. Birthplace

Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation

Common laborer

11. Industry or business _____

12. Name

John Landis

13. Birthplace

Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

Sarah Byrum

15. Birthplace

Ky
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs S.E. Belcher

(b) Address

Campbell Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Nov 27 - 44
(Month) (Day) (Year)

(c) Place: burial or cremation

Campbell Woodlawn

18. (a) Signature of funeral director

Landis Funeral Home

(b) Address

Campbell Mo

19. (a) Nov 27 1944

(Date received local registrar)

(b) Mrs. P. Oliver

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1944 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 20 1944, to Nov 26 1944, that I last saw him alive on Nov 25 1944, and that death occurred on the date and hour stated above.

Immediate cause of death

Robert Pneumonia

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

-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? _____

(Specify type of place)

While at work? _____

(c) Means of injury _____

23. Signature W. J. Kurlidge

(M. D. or other)

Address Campbell Mo

Date signed 11/27/44

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1244-1630

Date Filed 12-13-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Christina M. Landes

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.