

S. No. 2
M-8-43
v. 5-17-39
P. 1 X37823

37077

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 33

FILED NOV 28 1945

Registration District No. 109 Primary Registration District No. 4180

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Campbell
(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 Edna Belle Landess

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 3
year 1945 hour 9:00 minute p. M.

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

21. I hereby certify that I attended the deceased from 10/12/45
_____ 19____ to 11/3 _____ 1945
that I last saw her alive on 11/3
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife E. W. Landess 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May - 18 - 1867
(Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis
Duration _____

8. AGE: Years 78 Months 5 Days 15 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Van Buren Indiana
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name R. B. Bopell
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Susan Nelson
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Landess
(b) Address Campbell Missouri
17. (a) Burial (b) Date thereof 11-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren, Indiana

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? _____

18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell Missouri
19. (a) Nov 4 1945 (b) Mrs. Beulah Campbell
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature W. J. Tuttle Age (M. D. or other) _____
Address Campbell, Mo. Date signed 11/4/45

RECEIVED

District Health Office No. 2,

District File Number 1145-328

Date Filed 11-8-45

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. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Missouri

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.