No. 2
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6194

State File No.

Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie
(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 (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Sarcoxie
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM ELISHA LANDERS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie A. Crooks

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August (Month) 13, (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	18	hr. min.

9. Birthplace PIERCE CITY, (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name William Landers
13. Birthplace X (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Manerva Lume
15. Birthplace X (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Wm. E. Landers

(b) Address Sarcoxie, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 2-2-46 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from November 8th, 1943 to February 1, 1946 that I last saw him alive on February 1, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Senility	
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. E. Williams other

Address Sarcoxie, Missouri Date signed 2-2-46

139 (Licensed Embalmer's Statement on Reverse Side)

46-2-193

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 John Stephen Kennedy

Licensed Embalmer No. 4194

P. O. Address Carthage Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.