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4-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39497

FILED DEC 30 1946

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 26 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from
1 July, 1946, to Dec 15, 1946
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration 6 yrs.
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?

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

23. Signature: Forest Chou M. D. or other _____
Address: Savannah Mo Date signed 12/14/46

3. (a) PRINT FULL NAME Annie Louie Landers

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Andrew J. Landers 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased AUG 4 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 11
If less than one day hr. min.

9. Birthplace Holt county Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name THOMAS Miller

13. Birthplace London England
(City, town, or county) (State or foreign country)

14. Maiden name as known

15. Birthplace Holt Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Landers

(b) Address Savannah Mo

17. (a) Burial (b) Date thereof 12-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director E. C. Burt

(b) Address Savannah Mo

19. (a) 12-16-46 (b) J. L. ...
(Date received local registrar) (Registrar's signature)

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

38511

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUN 19 1952

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Saransh m

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.