

S. No. 2  
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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7221**  
Registrar's No. **434**

FILED MAR 6 1947  
Registration District No. **517**

Primary Registration District No. **3066**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Kirkwood**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Ozark Nursing 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 \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **Ozark Nursing Home.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary E. Land**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Emmett Land**

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

7. Birth date of deceased **October 12 1885**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>4</b>	<b>11</b>	hr. _____ min. _____

9. Birthplace **Lincoln Co., Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Thadeus Mudd**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Jeans**

15. Birthplace **Lincoln Co., Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe E. Mudd**

(b) Address **Silex, Mo.**

17. (a) **Burial** (b) Date thereof **2-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Millwood, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **2-28-47** (b) **Ruth J. Allen, M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27th**  
year **1947** hour **9** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Aug. 4th** 19**46** to **Feb 23rd** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to \_\_\_\_\_

Due to **93d**

Other conditions **Arterio Sclerosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 **R. M. Jansen** (M. D. \_\_\_\_\_)

Address **Manchester, Mo** Date signed **2-28-47**

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**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.....

*Henry M. Brammer*

.....  
Licensed Embalmer No.....

*4200*

P. O. Address.....

**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.**