

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
U.S. BUREAU OF CENSUS
FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8216**
15
Registrar's No. _____

Registration District No. **52** Primary Registration District No. **5182**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Shawneetown, Pop. 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 _____ (Specify whether)
In this community **Entire life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Shawneetown, Pop. Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **near Shawnee town Pop. R**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Christian Bernhard Landgraf**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **7th**
year **1947** hour **3:00** minute _____ P. M.
21. I hereby certify that I attended the deceased from **April 12** 19 **45** to **March 7** 19 **47**
that I last saw him alive on **March 6th** 19 **47**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **Marie nee Litzgenfelder**
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 16 1863**
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis** Duration **3 years**
Due to **Atherosclerosis, generalized**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **A3D**

8. AGE: Years Months Days If less than one day
83 11 19 hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER
12. Name **Norman Landgraf** **4**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mathilda Naser**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosa Badenshatz**
(b) Address **Altensburg, Mo. Star Route**

17. (a) **Burial** (b) Date thereof **March 10, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Fred Kahmer**
(b) Address **New Wells, Mo.**

19. (a) **3-10-47** (b) **D. S. Fisher**
(Date received local registrar) (Registrar's signature)

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 _____ Means of injury _____
23. Signature **Theodore Fischer** (M. D. or other) **M.D.**
Address **Altensburg, Mo.** Date signed **3-7-47**

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

RECEIVED

Health Officer No. 4
District File Number 347-378
Date 3-20-47

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

Thomas C. Pilev

Licensed Embalmer No. 4055

P. O. Address 922 Kean

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.