

FILED MAY 19 1947

Registration District No. **139**

Primary Registration District No. **4227**

1. PLACE OF DEATH:

(a) County **Holt**
(b) City or town **Oregon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Browne Nursing Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 Months** (Specify whether
In this community **Lifetime** years, months or days)

3. (a) PRINT FULL NAME **EMMA JANE LANDRETH**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Leonard Landreth** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 20 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **6** Days **12** If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Henry Patterson**

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

14. Maiden name **Cinderella Cobb**

15. Birthplace **Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. E. Williams**

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

17. (a) **Burial** (b) Date thereof **5 4 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **James H. Patterson**

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

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**
(c) City or town **Oregon, (Rural)**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**
year **1947** hour **5** minute **15** P. M.

21. I hereby certify that I attended the deceased from **May 1947 to May 2 1947**
that I last saw her alive on **April 28 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis of the heart**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature **E. J. Williams** (M. D. or other) **M. D.**

Address **Oregon, Mo.** Date signed **4-4-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *James W. Pittigohr*.....

Licensed Embalmer No. *3192*.....

P. O. Address *Oregon Mo*.....

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.