

S. No. 2
M. 5-13
5-11-30
I 238571

FILED JUL 21 1947

Registration District No. 20

Primary Registration District No. 5450

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Gentryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)

In this community Virginia
years, months or days

3. (a) PRINT FULL NAME Eliza Land

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased March 20 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Henry Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name C. W. Spillman

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

14. Maiden name Anna Browning

15. Birthplace Henry Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. E. Bowman

(b) Address Gentryville, Mo.

17. (a) Burial (b) Date thereof 6-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rouse

18. (c) Signature of funeral director Clifford Brook
Address 1111 W. Main St. Gentryville, Mo.

19. July 7-1947 (Date received local registrar) James N. Webster (Registrar's Signature) JA

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Gentryville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from June 25, 1947 to June 25, 1947
that I last saw her alive on June 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs
old age

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) Means of injury

23. Signature Charles J. Williamson (Date signed) 7-1-47
Address Gentry Mo.

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

MOTHER FATHER

**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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed C. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.

Registration District No. 120

Primary Registration District No. 545-0

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Lecky, Henryville
(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 _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME

Elyja Land

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 widowed

6. (b) Name of husband or wife John R. Land

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

7. Birth date of deceased March 20 1906

(Month) (Day) (Year)

8. AGE:

Years 85

Months 3

Days _____

If less than one day

hr. _____ min. _____

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 30-49

(b) Thomas D. DeKoster

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him/her alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

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, or public place? _____

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

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

23893