No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1948

Registration District No. 79

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 8236

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mayrs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage 76

(c) City or town Linn, Mo. R.D. 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.D. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME James Gerald Lansford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Baby C

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 7, (Day) 1947 (Year)

8. AGE: Years | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Linn, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Gerald B. Lansford 0
13. Birthplace Linn (City, town, or county) Mo. R.D. (State or foreign country)

MOTHER
14. Maiden name Wilma M. Rustemeyer
15. Birthplace Linn (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Gerald B. Lansford
(b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) 3-27-48 (Date received local registrar) (b) R. P. Darris, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26 year 1948 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from March 26 1948 to March 26 1948 that I last saw him alive on March 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration and anaemia

Due to Diarrhea

Due to

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Leon A. Taylor (M. D. or other) MD

Address Jefferson City Date signed 3-27-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed MAR 29 1943

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lenin

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.