

National Office of Vital Statistics
FILED JUL 15 1948Registration District No. **360**Primary Registration District No. **3076**Registrar's No. **419**

1. PLACE OF DEATH:

(a) County **DUNSMUIR**
 (b) City or town **NEVADA**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sumner with Nuth Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: **8 mos.** (Specify whether
 In this community **70 years**
 years, months or days)

3. (a) PRINT
FULL NAME

JAMES LAVEN LANDON
 3. (b) If veteran, name war **NO**
 3. (c) Social Security No. **NO**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **Belie Nevada**
 6. (c) Age of husband or wife if alive **DEC** years
 7. Birth date of deceased **DEC 4 - 1874**
 (Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **24**
 If less than one day **hr.** **min.**

9. Birthplace **Woodbury, Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **HENRY LANDON**

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

14. Maiden name **SARAH UNKNOWN**

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

16. (a) Informant **Lavon Landon**

(b) Address **Foster no 7-3-48**

17. (a) **Burial** (b) Date thereof **7-3-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Independence Cen.**

18. (a) Signature of funeral director **Booth**

(b) Address **Beck Hall, Mo.**

19. (a) **7-9-48** (b) **Kathryn Hancy**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BATES**
 (c) City or town **FOSTER**
 (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 **JUNE** day **30**
 year **1948** hour **10** minute **P.M.**

21. I hereby certify that I attended the deceased from **4-7-48**, 19____, to **6-30**, 19____
 that I last saw him alive on **6-29-48**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease with acute left ventricular failure**

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? _____
 (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature **E. Braxton Carr** (M. D. or other)

Address **Nevada, Mo.** Date signed **7-1-48**

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer N

District File Number 6-2-2

Date Filed 7-12-

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.....

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.