300
-47
-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 573

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25299

Primary Registration District No. 4544

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: Schlicht Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Webster 112

(c) City or town Niangua Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD 1 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Anderson Wantland

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Maud Wantland

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

7. Birth date of deceased October - 18 - 1867
(Month) (Day) (Year)

8. AGE: Years 80 | Months 8 | Days 13 | If less than one day X hr. X min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Samuel Wantland
13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Craig
15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant Shearl Wantland (son)

(b) Address Niangua, Missouri

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

(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director Rex Ramos

(b) Address Marshfield Mo

19. (a) July 22-48 (Date received local registrar) J. Francis (Registrar's signature) 29-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from JAN 1 1947
July 1, 1948, to July 1, 1948;
th[redacted]st saw him alive on July 1, 1948;
a[redacted] death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma. Face	-
Due to	
Due to 53	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W T Schlicht (M. D. or other)

Address Niangua Date signed 7/10/48

MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 848-908
Date Filed AUG 13 1948

SEP 21 1948

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.....

Licensed Embalmer No. 3312

P. O. Address Marshfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.