

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27149**  
Registrar's No. **34**

Registration District No. **247**  
Primary Registration District No. **5940**

1. PLACE OF DEATH:  
(a) County **Newton Co.**  
(b) City or town **Near Pierce City (Rural)**  
(c) Name of hospital or institution: **X**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Part of a day** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRANK RYAN LANDRUM**  
3. (b) If veteran, name war **X**  
3. (c) Social Security No. **X**

4. Sex **Male**  
5. Color **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Orselle Landrum**  
6. (c) Age of husband or wife if alive **34** years  
7. Birth date of deceased **Feb 7 1902**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **6** Days **4**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Abstract & Loan Bus**

11. Industry or business \_\_\_\_\_

12. Name **Shas R Landrum**

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

14. Maiden name **Anna Ryan**

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

16. (a) Informant **Richard Landrum**  
(b) Address **Wetterson Mo**

17. (a) **Burial** (b) Date thereof **Aug 14 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Geo B Orr**  
(b) Address **Wetterson Mo**

19. (a) **8-16-48** (b) **M. L. Young**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Lawsance**  
(c) City or town **Wetterson**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **Y** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** day **10**  
year **1948** hour **UNKNOWN** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him/her on **Aug 10** and that death occurred on the date and hour stated above.

Immediate cause of death **Cause of death unknown**  
Due to **Probable Organic Heart Disease**  
Due to **Natural causes of had been dead several hours**  
Other conditions when found \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **ABC**  
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) (b) Means of injury \_\_\_\_\_  
23. Signature **Corey Thompson**  
Address **Wetterson Mo** Date signed **9/11/48**

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

RECEIVED

Health Officer No. Quinton C. Heath Unit.

File Number 848-360

Filed 8-24-48.

AUG 26 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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address 7th Vermont St

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.