No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 19 1948

Registration District No. 53

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32237

Primary Registration District No. 3010

Registrar's No. 306

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 hrs 30 min (Specify whether
In this community 15 hrs. 30 min years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girar 16
(c) City or town Jackson Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edmund Eugene Landgraf
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Inf
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 6 1948 (Month) (Day) (Year)

8. AGE: Years — Months — Days — If less than one day 15 hr. 30 min.

9. Birthplace Cape Girardeau (City, town, or county) Mo (State or foreign country)
10. Usual occupation Inf
11. Industry or business
FATHER
12. Name Harold Landgraf
13. Birthplace Pocohontas Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bettie Lue Wood
15. Birthplace Jackson Mo (City, town, or county) (State or foreign country)
16. (a) Informant Harold Landgraf
(b) Address Jackson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St Johns Luth Cemetery
18. (a) Signature of funeral director McCombs Furn & Und Co
(b) Address Jackson Mo
19. (a) 10-11-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 6, 1948 to , 19 ; that I last saw him alive on Oct 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart — Duration From birth
Due to Don't know
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 D. L. Robinson (M. D. or other)
Address Jackson Mo Date signed 10-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1048-128

Date Filed 10-18-48

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.

Not Embalmed.

Signed B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.