S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40591

Registration District No. 165 Primary Registration District No. 4257 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Leeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Leeton
(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

3. (a) PRINT FULL NAME Margaret Ellen Landon
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Morris Landon
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased July (Month) 6 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
74	5	5	hr. min.

9. Birthplace Hillsboro, (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Same
MOTHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Unknown Nace
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Gomer M. Landon
(b) Address Leeton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Creek
18. (a) Signature of funeral director R. A. Brannigan
(b) Address Warrensburg, Missouri
19. (a) Dec 15 1948 (Date received local registrar) (b) Mamie O'Hackley (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 10
year 1948 hour 9 minute 15 p.m.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
This woman was found dead in her bed in her home. Apparently had died suddenly. Called to Jameson. Suspected coronary occlusion
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 M. D. or Coroner
Address Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 R A Branninger

Licensed Embalmer No. 3577

P. O. Address Warrensburg 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.