

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **762**

**FILED FEB 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 12

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Dent</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Watkins Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Watkins</u> <b>0330</b>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>West of Salem</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	<u>Jan 28/52</u>		
<u>Benjamin Harrison Land</u>					

<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Sept 27/87</u>	<b>9. AGE</b> (In years last birthday) <u>64</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>x</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Dent Co Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Wm Land</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice Elvins</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Effie Leora Land</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>x</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Effie Leora Land</u>	<b>ADDRESS</b> <u>Salem Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>2 months</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Gastric hemorrhage.</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>- ulcer or carcinoma.</u> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>151x</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 2-6-47, 19, to 1-8-1952, that I last saw the deceased alive on 1-8-1952 and that death occurred at 6:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>M. M. Hart</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Salem, Mo</u>	<b>23c. DATE SIGNED</b> <u>2-1-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>Jan 30/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Stonehill Cem</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Stonehill Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-1-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>M. M. Hart</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Carl K. Spencer</u>	<b>ADDRESS</b> <u>SALEM, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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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, of.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.