

FILED JUL 24 1956

STANDARD CERTIFICATE OF DEATH

23313

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>4182</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN (BOUF)</u>		c. LENGTH OF STAY (in this place) <u>61 Yrs.</u>		c. CITY OR TOWN <u>NEW HAVEN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0360</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CAROLINA</u>		b. (Middle) <u>WILHELMINA</u>		c. (Last) <u>LANDWEHR</u>	
4. DATE OF DEATH		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
JULY 18 1956		<u>WIDOW</u>		NOV. 4, 1870		85	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
				<u>HOUSE WIFE</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>STONEY HILL MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>JOHN HENRY FLEER</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA ROHLFING</u>		14. NAME OF HUSBAND OR WIFE <u>ERNST F. LANDWEHR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARTHUR LANDWEHR NEW HAVEN MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION Cardiovascular renal disease with congestive failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <u>Rheumatic spondylitis</u> Conditions contributing to the death but not related to the disease or condition causing death.				<u>20 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/4</u> , 19 <u>49</u> to <u>7/18</u> , 1956, that I last saw the deceased alive on <u>7/17</u> , 19 <u>56</u> , and that death occurred at <u>7:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. G. Gumm</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>7/19/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS EV. CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN MO.</u>	
DATE REC'D BY LOCAL REG. <u>July 20-1956</u>		REGISTRAR'S SIGNATURE <u>Nettie Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. A. Gentry &amp; Son New Haven Mo</u>			

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

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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, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Earl A. Lutz*.....

Licensed Embalmer No. *338*

P. O. Address *New Haven*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.