

No. 2
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2335**

Registration District No. **211**

Primary Registration District No. **5291**

Registrar's No. **1**

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

3. (a) PRINT FULL NAME Minnie H. Landrum
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Fe **5. Color or race** Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Landrum
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Feb. 8 1865
 (Month) (Day) (Year)

8. AGE:
 Years 75 Months 11 Days 11
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Alexander
13. Birthplace Centerton, Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name Audience V. Dunbar
15. Birthplace Centerton, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant C. E. Hudson
(b) Address Asheville, N. Carolina

17. (a) Burial _____ **(b) Date thereof** Jan 22, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerton, Mo

18. (a) Signature of funeral director Tanner Service
(b) Address 700 Jefferson

19. (a) Jan 22 1941 **(b) T. T. Eachus**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole 26
 (c) City or town Centerton
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. R. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
 year 1941 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 18
1941, to Jan 20, 1941;
 that I last saw her alive on January 18, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to General peritonitis
 Due to Ruptured Appendix

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Hospitalization
Operations refused
Of autopsy by the patient

Duration _____
 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)
 (e) Means of injury _____

23. (a) Signature A. Cassman **(M. D. or other)** MD
Address Jefferson City **Date signed** 1-21-41

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

J. Osmond

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.....

L. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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.