

FILED JUN 10 1946

Registration District No. 100

Primary Registration District No. 5388

Registrar's No. 43

1. PLACE OF DEATH:

(a) County DENT
(b) City or town RURAL Short Bend Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR SALEM Mo
(If rural, give location) Near Short Bend
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WILLIAM H. LAND

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 17 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 12 hr. min.

9. Birthplace ILL 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name ROBERT LAND
13. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace NO RECORD 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Land
(b) Address SALEM, MO
17. (a) BURIAL (b) Date thereof 5-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STANHILL CEM.

18. (a) Signature of funeral director W. H. Spencer
(b) Address SALEM, MISSOURI
19. (a) 5-30-46 (b) W. H. Hart, M.D. by me
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29
year 1946 hour 12:25 AM minute _____ M.

21. I hereby certify that I attended the deceased from 12-17-1945 to 5-29-1946
that I last saw him alive on May 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to _____

Due to _____

Other conditions Prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1370

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) Cause of injury _____
23. Signature W. H. Hart M.D. (M. D. or other) M.D.
Address Salem Mo Date signed 5-31-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10082

RECEIVED

District Health Officer No. 5,

District File Number 646370

Date Filed 6.6.46

646370

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Missouri

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.