S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10075

Registration District No. 227 | Primary Registration District No. 4339 | Registrar's No. 23

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. LOCUST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 16 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE 69
(c) City or town: PARIS 2
(If outside city or town limits, write "RURAL")
(d) Street No.: W. LOCUST ST. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country: ✓

3. (a) PRINT FULL NAME: MALLIE LEE VAN LANDINGHAM
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED 2
6. (b) Name of husband or wife: WM H. H. VANLANDINGHAM
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: APRIL (Month) 23 (Day) 1862 (Year)

8. AGE: Years 84 | Months 10 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: RANDOLPH Co., (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
FATHER
12. Name: JOHN W. LEE
13. Birthplace: (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: SALLIE CARVER 1
15. Birthplace: (City, town, or county) Mo. (State or foreign country) 1
16. (a) Informant: MRS. ROY BARNES
(b) Address: PARIS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR. 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: ANTIOCH ~~SALEM, MO.~~
18. (a) Signature of funeral director: Speed & Blakey
(b) Address: PARIS, MO.
19. (a) 3-29-47 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 19 year 1947 hour 10 minute 55 P.M.
21. I hereby certify that I attended the deceased from March 15 1940 to Mar 19 1947 that I last saw h. in alive on Mar 19 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis and acute myocardial failure	8 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: F. A. Barnett (M. D. or other)
Address: PARIS, MO Date signed: 3-20-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-47-637
Date Filed APR 5 1947

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.