

VS A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

17. Burial (Burial, cremation, or removal, which) Date thereof Aug 22 1943 (month) (day) (year)

Cemetery or crematory St. John's Cem.

Location Powellville Md

18. Funeral director Holloway & Nelson R. Holloway

Address Salisbury Md.

19. 9/1 (Date rec'd by registrar)

20. 143 Registrar E. Johnson Registrar

21. Accident, suicide, or homicide Accident Date of 8/19/43

Where did injury occur? Powellville, Worcester, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Crushed by automobile Injured at work? No

22. Signature J. O. Fisher M. D. or other Physician

Address Salisbury, Md Date signed 8/20/43

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (181)
CERTIFICATE OF DEATH

09241

Reg. Dist. No. 953

1. PLACE OF DEATH:

County Worcester

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 hrs

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 7 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)

State Maryland County Worcester

City or town Near Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME Elton Stewart Landring

3. (b) Social Security Number _____

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Argetta Landring

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 5, 1869

8. AGE: Years 73 Months 9 Days 14 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1943 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ and that I last saw him _____ on _____

Immediate cause of death Second degree
burns of legs. DURATION 12 hrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace Pocomoke, Worcester, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER

12. Name James H. Landring

13. Birthplace Md

14. Maiden name Sallie Bourneville

15. Birthplace Md

16. Informant Mrs. John Boston

Address Pocomoke City, Md R. F. D.

17. Burial (Burial, cremation, or removal, which) Date thereof Aug 22, 1943 (month) (day) (year)

Cemetery or crematory Goodwill

Location Pocomoke City R. F. D.

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Aug 19 1943

Where did injury occur? Near Pocomoke City, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury accident Injured at work? _____

23. SIGNATURE John L. Riley M. D. or other Physician

Address Pocomoke City, Md Date signed 8/20/43

19. 8/23 (Date rec'd by registrar)

143 Registrar E. Johnson Registrar

MARGIN RESERVED FOR BINDING

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