WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38237

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4471
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 3818 E. 37th St. Ward)

2. FULL NAME Jesse F. Landers
(a) Residence, No. 3818 East 37th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. [redacted]IDOWED, OR DIVORCED [redacted] OF Fern Landers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13-1894

7. AGE: YEARS 44 — MONTHS 2 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. G. W
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitesville Mo

FATHER
13. NAME Jesse Landers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known Un Known

MOTHER
15. MAIDEN NAME Lizzie Allison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitesville

17. INFORMANT (ADDRESS) Fern Landers 3818 East 37th St Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitesville DATE 11-18 1938

19. UNDERTAKER (ADDRESS) E. C. Breit Savannah Mo

20. FILED Nov. 16 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938 to Nov 16, 1938
I last saw him alive on Nov 15, 1938 Death is said to have occurred on the date stated above, at 7 13 a.m.
The principal cause of death and related causes of importance were as follows:

Maniac, Dementia, Psycho-Neurosis — Date of onset Sept 38

1170

Other contributory causes of importance:

Ulceration of Stomach

Name of operation [illegible] Date of [illegible]
What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M.D.
(Address) [illegible]