

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.

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

31349
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Blue
(c) City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002
(d) Street No. K. C. J. B. Hospital

Registered No. 3447

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 536 Arlington A. Lander
1425 W. 50th Terrace St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Lander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 yrs 0 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Mo.

FATHER
13. NAME Sam Lander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Lu Stares

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) K. C. J. B. Hospital
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsons, Kan DATE Sept 2, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. F. O'Donnell
3256 Broadway

20. FILED Sept 3, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1939, to 9-1, 1939

I last saw him alive on 9-1, 1939. Death is said to have occurred on the date stated above, at 11:40 pm.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Extrapleural Pneumonectomy of 8-7-39
What test confirmed diagnosis? X-ray Was there an autopsy?

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? No
If so specify _____ M. D.
W. G. ...
Kansas City, Mo.

APR 21 1958

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)