

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9690
1099

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)
 In this community 6 Years

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 2511 Rochester
(If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JULIS LANDSMAN
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 16th
 year 1941 hour 12 minute 55 A M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Mary Jane Landsman
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Sept. 23, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-7-41 19. to 3-16-41 19.
 that I last saw him alive on 3-16-41 19.
 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 23
 If less than one day hr. _____ min. _____

Immediate cause of death Coronary sclerosis; dilatation and hypertrophy of heart; chronic myocardial fibrosis; fibrous hydrothorax
 Due to Hydropericardium

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

Due to _____
 Other conditions Cirrhosis of liver, atrophic
(Include pregnancy within 3 months of death)

10. Usual occupation Gardner

Major findings:
 Of operations _____
 Of autopsy See above

11. Industry or business _____
 MOTHER FATHER {
 12. Name Joseph Landsman
 13. Birthplace Belgium
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace No Record
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
124/10

16. (a) Informant Mary Jane Landsman
 (b) Address 512 North Garland

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? _____

17. (a) Burial (b) Date thereof March 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Marys
 18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn, K. C. Mo.
 19. (a) 3-17-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury D
 23. Signature Dr. R. P. Thon (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hosp. K.C. Mo. Date signed _____

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

FEB 26 1945

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *J. Clair Sheppard*

Licensed Embalmer No. *14179*

P. O. Address *K. E. Rd.*

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.