FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10903

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 72

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Sugar Creek (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 621 No. Sterling (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Sugar Creek (If outside city or town limits, write "RURAL")
(d) Street No. 621 No. Sterling (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Landway
3. (b) If veteran, name war None
3. (c) Social Security No. 490-09-0767
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased No record (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| about | 57 | | | hr. min. |

9. Birthplace No record (City, town, or county) (State or foreign country) 9
10. Usual occupation Porter
11. Industry or business Saloon
FATHER
12. Name No record 9
13. Birthplace No record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country) 9
16. (a) Informant Sam Cross
(b) Address 621 No. Sterling
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem. 360
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) March 14 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8-41
year hour minute 10:20 A M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw him alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death) 93 W
Major findings:
Of operations
Of autopsy

Duration

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
23. Signature Russell W. Kerr (M. D. or other) 3
Address Date signed 3/14/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Ralph E. Mills

Licensed Embalmer No. 4124

P. O. Address Indep., Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**