

FILED JUL 7 1941

Registration District No. 399

Primary Registration District No. 100

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:
3428 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3428 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas E. Landers

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Landers 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 5, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 13 If less than one day hr. min

9. Birthplace Richmond, Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Retired-K.C. Water Dept.

11. Industry or business _____
12. Name John Landers
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Martin
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Landers
(b) Address 3428 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co.
(b) Address Hannay City, Mo.
19. (a) 6/19/41 (Date received local registrar) (b) M. M. Chowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 41 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 30-1940 to June 18, 1941; that I last saw him alive on November, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial exhaustion chronic
Due to Bilateral Pyonephrosis
Due to Papillary Carcinoma Bladder
Other conditions 5-21-41 (Include pregnancy within 3 months of death)

Major findings: Post-Mortem Reaction Bladder Tumor
Of operations 7/28/37
Of autopsy None

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. ... (M. D. or other) D
Address 1019 ... Date signed 6/19/41

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

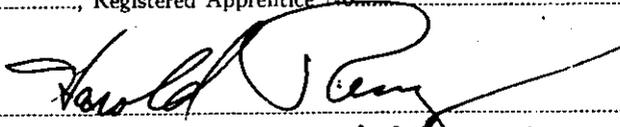
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STATEMENT BY LICENSED EMBALMER

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..... 

Licensed Embalmer No. *4097*.....

P. O. Address..... *City*

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.