

REGD. AUG 11 1941 85  
Registration District No.

Primary Registration District No. 1001

762

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3030 Dale Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 89 Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 011  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3030 Dale Ave. /  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELSENA LANDERS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ebenezer Landers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 18th. 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 2 4 hr. min.

9. Birthplace near Frankfort Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name William Vest

13. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Landers

(b) Address 3030 Dale Ave. St. Joseph, Mo

17. (a) Burial (b) Date thereof 7--21--41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) July 23, 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 18-41  
1941 to July 22 1941  
that I last saw her alive on July 22 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia fever  
Chronic Wernicke's  
Bronchitis

Due to \_\_\_\_\_  
Due to 93 W

Other conditions   
(Include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 7-23-41

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

MOTHER FATHER

SEP 29 1944

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

*Carl W. Hause*

Licensed Embalmer No.

*3955*

P. O. Address

*St. Joseph, Mo.*

**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.**