S. No. 2
M—1-4-41
v. 5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 197

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28032

Primary Registration District No. 5276

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Clay

(b) City or town rural--Gallatin Tiny
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 8, North K. C. (Fox Woods)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 months 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 024

(a) State Missouri (b) County Clay

(c) City or town Rural - North Kansas City.
(If outside city or town limits, write "RURAL")

(d) Street No. Route #8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CLIFFORD E. LANDERS

3. (b) If veteran, name war .....

3. (c) Social Security No. 442-07-5685

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Ann Landers

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 30, 1887
(Month) (Day) (Year)

8. AGE: Years 53 | Months 10 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Dade County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Still Man

11. Industry or business Bay Oil Co.

FATHER
12. Name Wm. J. Landers
13. Birthplace Dade County, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Wheeler
15. Birthplace Dade County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Landers
(b) Address Route 8, North K. C. Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 3, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Dadeville, Missouri

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 8-1-1941 (Date received local registrar) (b) John L Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1941 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 1, 1941, that I last saw him alive on Aug 1, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure

Due to Concession of Lung

Due to Cardiac Compensation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy NOREOF

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 [signature] M.D. (M.D. or other)

Address Mo Kansas City Date signed Aug 1 1941

(Licensed Embalmer's Statement on Reverse Side)

Dr. Langhus

RECEIVED
District Health Officer No. 8
District File Number 9-9-41
Date Filed

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

Harold L. Posson Registered Apprentice No.

working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. 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.