

FILED FEB 11 1942

State File No.

175

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:
2113 Nalley 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2113 Nalley
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME GEORGE LAND

MEDICAL CERTIFICATION

3. (b) If veteran, name war none

20. DATE OF DEATH: Month 1-11-42 day 11 year 1942 hour 3:00 minute 00 M.

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

21. I hereby certify that I attended the deceased from 3:00 P. 19 19

6. (b) Name of husband or wife I da M. Land

that I was alive on 1-11-42 and that death occurred on the date and hour stated above.

7. Birth date of deceased no record

Immediate cause of death Chronic myocardial fibrosis

8. AGE: Years about 84 Months 0 Days 0 If less than one day hr. 0 min. 0

Duration 300

9. Birthplace Jackson Co. Missouri

Coronary sclerosis

10. Usual occupation Retired Farmer

Other conditions (include pregnancy within 3 months of death) None

11. Industry or business Retired Farmer

Major findings: Of operations None

12. Name Unknown

Of autopsy None

13. Birthplace Unknown 9

14. Maiden name Unknown

15. Birthplace Unknown 9

16. (a) Informant Mrs. I da M. Land

(b) Address 2113 Nalley

17. (a) Burial (b) Date thereof Jan-14-1942

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None Means of injury None

23. Signature W. C. Moore (M. D. or other) 3

Address W. C. Moore Date signed 1-11-42

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

MOTHER FATHER

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 Raymond M. Martin
Licensed Embalmer No. 4120
P. O. Address Independence, 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.