

FILED DEC 30 1942  
Registration District No. 42

Primary Registration District No. 1000

State File No. ....

Registrar's No. 1204

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:  
1222 Prospect ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1222 Prospect  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Henry Monroe Landes  
(b) If veteran, name war —  
(c) Social Security No. —

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 16<sup>th</sup>  
year 1942 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Luisa Landes  
(c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Dec 25 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 18 1942 to Dec 16 1942  
that I last saw him alive on Dec 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo pneumonia  
(terminal)  
Duration dec 1/4

8. AGE: Years 83 Months 11 Days 21  
If less than one day hr. min.

Due to.....  
Due to.....

9. Birthplace Champaign Ill  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired C.B. & S. Shops

Other conditions Central Nerv. debility 1944  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....  
12. Name unk  
13. Birthplace unk (City, town, or county) (State or foreign country)  
14. Maiden name Mamma Lane  
15. Birthplace unk (City, town, or county) (State or foreign country)

Major findings: Of operations.....  
Of autopsy 107  
PHYSICIAN —  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Landes  
(b) Address 112 E Franklin  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42  
(Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem  
18. (a) Signature of funeral director Fleeman & Son Inc  
(b) Address St Joseph Mo.  
19. (a) 12-18-42 (Date received local registrar) (b) Rose Hergog (Registrar's signature)

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 Frank Landes (M. D. or other) Address 620 Thores Date signed 12/17/42

1233

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

11  
1  
7

**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 *Robert H. Gable* .....

Licensed Embalmer No. *3308* .....

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.**