

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 19 1943  
Registration District No. 11-119

Primary Registration District No. 1002

Registrar's No. 2289

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

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: General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days) About 7 mo

3. (a) PRINT FULL NAME Cora Landess  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife Samuel S. 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Sept 2, 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 15 If less than one day \_\_\_\_\_br. \_\_\_\_\_min.

9. Birthplace Hickory County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 12. Name Wm. V. Vance  
 13. Birthplace Hickory County, Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha W. Onstales  
 15. Birthplace Hickory County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Pettyjohn  
 (b) Address 2512 Prospect

17. (a) Funeral (b) Date thereof 5-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Stoney Funeral Home

18. (a) Signature of funeral director At the no  
 (b) Address \_\_\_\_\_

19. (a) 5-18-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 41  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2512 Prospect 8  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 17  
 year 1943 hour 5: minute 06 P. M.

21. I hereby certify that I attended the deceased from May 11, 1943 to May 17, 1943  
 that I last saw h. er alive on May 17, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 13B1  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Wm. R. Johnson (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

*Francis Walton*....., Registered Apprentice No. *2744*  
working under my personal supervision.

Signed *J. H. [Signature]*.....  
Licensed Embalmer No. *2744*  
P. O. Address *150, [Signature]*.....

**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.**