

FILED FEB 7 1944
Registration District No. 360

Primary Registration District No. 6225

State File No. _____

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Wernier
(b) City or town Rural Washington Mo
(c) Name of hospital or institution: State Hospital no 3
(d) Length of stay: In hospital or institution 6 months 15 days
In this community 6 months 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 107
(c) City or town Kansas City Mo
(d) Street No. 700 W 47th apt 82
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: THAD B. LANDON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tha. Blanche Landon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 18 1877

8. AGE: Years 66 Months 3 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Washington Co Mo

10. Usual occupation Lawyer

11. Industry or business Law

12. Name not given

13. Birthplace not given

14. Maiden name not given

15. Birthplace _____

16. (a) Informant Mrs Blanche Landon

(b) Address R. 2 Lees Summit Mo

17. (a) Removal (b) Date thereof Jan 11 1944

(c) Place: burial or cremation Kansas City Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1944 hour 11 minute 55 M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Jan 11 1944

that I last saw him alive on Jan 11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Bronchial, acute Duration 2 days

Due to Cerebral Arteriosclerosis

Due to _____

Other conditions _____

Major findings: Of operations no

Of autopsy no

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: R. J. Hall (M. D. or other) _____
Address Nevada Mo Date signed 1/11/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

088
000

4531

MAY 28 1941

SEP 4 1953

SEP 9 1946

JUL 25 1950

RECEIVED
District Health Officer No. 7,
District File Number 1-44-47
Date Filed 2-4-44

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 Mark A. Brumell

Licensed Embalmer No. 2529 (2529)

P. O. Address Nevada 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.