S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6181

FILED FEB 16 1944

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 520

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: St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community 53 yrs

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3427 Park
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leo. D. Landon
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Gertrude Landon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 7 1868 (Month) (Day) (Year)
8. AGE: Years 75 Months 5 Days 23 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Retired Special agt.
11. Industry or business C.B.&Q. Ry
FATHER
12. Name Leonard Landon
13. Birthplace Mo Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophia Tetrick
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Blanche Browning
(b) Address 3427 Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St Mathes Cem Platte Co. Mo.
18. (a) Signature of funeral director Thos C. L. Forster
(b) Address 618 Brooklyn
19. (a) Feb 7 1944 (Date received by local registrar) (b) D E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1944 hour 11 minute 55 a.m.
21. I hereby certify that I attended the deceased from 1. 15, 1944, to 1. 30, 1944 that I last saw h. alive on 1. 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General peritonitis	
Due to Infection from gall	
Due to bladder	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: (a) Operations Infected gallbladder, Surgery June 2 '43	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. P. Remke (M. D. or other)
Address Liberty Date signed 1.31.44

(Licensed Embalmer's Statement on Reverse Side)

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 Vinzel C. Browning

Licensed Embalmer No. 2724

P. O. Address N. 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.