

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

**FILED JUN 1 1945**  
Registration District No. **199**

Primary Registration District No. **1002**

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:  
**3112 Benton** /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **2 Years**  
years, months or days)

**3. (a) PRINT FULL NAME** **Albert Lowe Landis**  
 3. (b) If veteran, name war **no.**  
 3. (c) Social Security No. **702-18-4397**

4. Sex **Male** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Anna Landis**  
 6. (c) Age of husband or wife if alive **52** years  
 7. Birth date of deceased **May 28 1884**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<b>60</b>	<b>11</b>	<b>20</b>	hr. _____ min. _____

9. Birthplace **Shelbyville Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired R.R. Engineer**

11. Industry or business **Mo. Pac. Railroad**

12. Name **Melville A. Landis**

13. Birthplace **Bedford Co. Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eva Eulless**

15. Birthplace **Bedford Co. Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Landis**

(b) Address **3112 Benton Blvd, Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **May 14 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osawatomie, Kans.**

18. (a) Signature of funeral director **L. J. Eddyson**

(b) Address **Osawatomie, Kans.**

19. (a) **5-16-45** **Edw. J. Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3112 Benton Blvd** **7**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **14**  
 year **1945** hour **6** minute **10** P. M.  
 21. I hereby certify that I attended the deceased from **Sept 2**  
 19**45** to **May 14** 19**45**  
 that I last saw him alive on **May 11** 19**45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple Sclerosis** **21 Mo.**  
 Duration

Due to \_\_\_\_\_  
 Due to **87 d**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **no.**  
**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) Mode 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 **0**

23. Signature **Leo A. O'Brien** (M. D. or other) **M.D.**  
 Address **1002 Airyale K.C. Mo.** Date signed **5-14-45**

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**