S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19569

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2624

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: 4131 MERCIER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 54 YEARS
years, months or days)

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. 4131 MERCIER 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR. ROY S LANDCRAFT
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-05-4001
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. GERTRUDE LANDCRAFT
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased JANUARY (Month) 9 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	5	10	hr. min.

9. Birthplace HANNIBAL (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED BAKERY MANAGER
11. Industry or business WARNEKE, GENERAL A.B.C. Co
FATHER
12. Name HENRY HUDSON LANDCRAFT
13. Birthplace HANNIBAL (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name SARAH McCOY
15. Birthplace HANNIBAL (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. GERTRUDE LANDCRAFT
(b) Address 4131-MERCIER
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JUNE (Month) 20 (Day) 1945 (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 6-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19TH year 1945 hour 12 minute 10 A M.
21. I hereby certify that I attended the deceased from Oct 16, 1944, to June 19, 1945, that I last saw him alive on May 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Occlusion — Duration few minutes
Due to Coronary Arteriosclerosis
Arteriosclerosis (generalized)
Due to Angina Pectoris
Arterial Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None 94 a
Of autopsy None

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

23. Signature Carl R. Ferris (M.D. or other)
Address 934 Argyle Bldg Kansas City, Mo
June 19, 1945

(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 Emile M. Colbourn

Licensed Embalmer No. 3506

P. O. Address K 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.