

FILED FEB 2 1945

Registration District No. _____

Primary Registration District No. 5572

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 11 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 2316 Hawthorne
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jasper H. Landis

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased July 4th 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Ballitier Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Landis
13. Birthplace Unknown Ind.
(City, town or county) (State or foreign country)
14. Maiden name Paula Terry
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Jackson Co. Emew Hosp
(b) Address files

17. (a) Burial (b) Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W Washington Cem

18. (a) Signature of funeral director Geo. G. Carson Fun Home

(b) Address Independence Mo

19. (a) 12/26/45 (b) Sara S. Chase
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1945 hour 5 minute 25.0 A. M.

21. I hereby certify that I attended the deceased from 12-18-45, 19____ to 12-21-45, 19____
that I last saw him alive on 12-21-45, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration _____

Due to _____

Due to _____

Other conditions (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 [Signature] (M. D. or other) _____
Address 100 Plaza Med Bldg Date signed 12/21/45

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

100451

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 George C. Larson

Licensed Embalmer No. 2249

P. O. Address Independence 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.