. S. No. 2
DM—8-43
v. 5-17-39
I X37023

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

3674

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4650

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 180

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 12 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 3913 Terrace 7
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Marilyn Sue Land
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. 19, 1946 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	12 hr. min.

9. Birthplace St. Joseph, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name John Irvin Land
13. Birthplace St. Joseph, Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nannie Myrle King
15. Birthplace Mt. Pleasant, Arkansas 1 (City, town, or county) (State or foreign country)
16. (a) Informant Irvin Land
(b) Address 3913 Terrace Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) Feb. 13, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1946 hour 4 minute 45 a M.
21. I hereby certify that I attended the deceased from 2-9- , 19 46 to 2-10- , 19 46 that I last saw her alive on 2-9- , 19 46; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage and Edema. atelectasis	few HRS
Due to Difficult labor.	
Due to R.O.P. - Position -	
Other conditions (Include pregnancy within 3 months of death) Shock: asphyxia of newborn	

Major findings:
Of operations [illegible]
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 0
23. Signature [signature] (M. D. or Other)
Address St. Joseph, Mo. Date signed 2/11/46

34 (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~~ 2-10-46

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.