

State File No. **5710**
Registrar's No. **949**

Registration District No. **149** Primary Registration District No. **1002**

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:
103 WARD PARKWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **WALTER G. LANDES**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MRS. Martha Ellen Landes** 6. (c) Age of husband or wife if alive **8** years **1856**
7. Birth date of deceased **JULY** (Month) **8** (Day) **1856** (Year)

8. AGE: Years **89** Months **7** Days **14** If less than one day hr. min.

9. Birthplace **Leon** (City, town, or county) **Iowa** (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **Retired 40 Years**

12. Name **James Madison LANDES**

13. Birthplace **Indiana** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Miles**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MAUD L. BEEBE**

(b) Address **103 WARD PARKWAY**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **FEB. 25, 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **W. H. Newcomer**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **2-25-46** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY** (If outside city or town limits, write "RURAL")
(d) Street No. **103 WARD PARKWAY** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **22ND** year **1946** hour **5** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **1944** to **2-22-46** and that death occurred on the date and hour stated above.
Immediate cause of death **Typhemia** Duration **Two**

Due to **Adenocarcinoma Prostate 2 yrs**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

1. 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 **J. F. Pease** (M. D. or other) Address **409 Wirthman Bldg** Date signed **2/25/46**

409 McMillan Bldg
1:38-6

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.....

Carl Rapp

Licensed Embalmer No. *23458*

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.