

FILED MAY 6 1946
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State File No. _____
Registrar's No. **1893**

Registration District No. _____ 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:
ST MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether years, months or days)

In this community 27 YEARS

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. 3330 PROSPECT AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM E. LAND

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 MARRIED

6. (b) Name of husband or wife MRS. MARY A. LAND

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased DECEMBER 28 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>23</u>	hr. min.

9. Birthplace DAVIS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business ATTORNEY

12. Name JAMES LAND

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

14. Maiden name GEORGIANN SEPHENSON

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

16. (a) Informant MRS. MARY A. LAND

(b) Address 3330 PROSPECT AVENUE

17. (a) BURIAL (b) Date thereof APR 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORA HILLS CEMETERY

18. (a) Signature of funeral director R. J. Newcomer Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 4-23-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21
year 1946 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 20
1946 to April 21 1946

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to coronary occlusion

Due to _____

Other conditions (include pregnancy within 3 months of death) 9/2

Major findings: Of operations _____

Of autopsy same as above

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 Helen K. Unity (M. D. or other) MD

Address 618 King Blvd Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Prof. Edg.

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. Calhoun*
Licensed Embalmer No..... *3506*
P. O. Address..... *Ke 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.