

S. No. 2
M-8.42
7. 5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 27 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26330

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 948

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: Methodist Hospo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hours
(Specify whether
In this community 2 1/2 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 417 1/2 Madison St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Baby Neil Landess (A)
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 20
year 1946 hour 15 minute P M.
21. I hereby certify that I attended the deceased from
Aug. 20, 1946 to Aug. 20, 1946,
that I last saw her alive on Aug. 20, 1946,
and that death occurred on the date and hour stated above.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Pneumonia
Due to Polyhydramnios
Due to melipregnancy
Other conditions.....
(Include pregnancy within 3 months of death)

7. Birth date of deceased Aug. 20 1946
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 0 0 2 hr. 30 min.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations.....
Of autopsy.....

MOTHER FATHER
11. Industry or business
12. Name Charles Ray Landess
13. Birthplace Knoblocher Mo
(City, town, or county) (State or foreign country)
14. Maiden name Doris M. Hester
15. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Charles Ray Landess
(b) Address St. Joseph Mo
17. (a) _____ (b) Date there Aug 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aspland Cem
18. (a) Signature of funeral director Atorney Funeral Home
(b) Address St. Joseph Mo
19. (a) Aug. 23, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) _____
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address St. Joseph, Missouri Date signed [Signature]

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

25476

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.....

Licensed Embalmer No.....

P. O. Address.....

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.