S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9208

Registration District No. FILED APR 14 1947 149

Primary Registration District No. 1002

Registrar's No. 1539

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:
Kansas City General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community Two Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999

(c) City or town Houston 41
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME MRS. VERNA LANDON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thad G. Landon

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	38			hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name A. W. Patillo 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thad G. Landon 1
(b) Address Encinal, Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 - 3 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Beaumont, Texas

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo

19. (a) 4-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner
Lobar Pneumonia Rt.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

Of autopsy see above

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

23. Signature A E Ussher (M. D. or other) M.D.
Address 2800 Main St. Date signed 4-2-47

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1948

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 Elmer C. Wiedeler

Licensed Embalmer No. 3495

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.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 147

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1002

Registrar's No. 1539

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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Hours (Specify whether years, months or days)

In this community: Two Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Texas (b) County:

(c) City or town: Houston
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MRS. VERNA LANDON

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Thad G. Landon

6. (c) Age of husband or wife if alive: 41 years

7. Birth date of deceased: X January 13, 1905 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	8 2	17 18	hr. min.

9. Birthplace: X Beaumont, Texas (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: J.W. Pattillo
13. Birthplace: X Orange County, Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: X Naomi Donahal
15. Birthplace: X Cameron, La. (City, town, or county) (State or foreign country)

16. (a) Informant: Thad G. Landon

(b) Address: Encinal, Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4 - 7 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Beaumont, Texas

18. (a) Signature of funeral director: Freeman Mortuary & Chapel

(b) Address: 104 West 42nd. St. Kansas City, Mo.

19. (a) 4-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st. year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

(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.....

....., 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.