

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9211

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 985

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:  
5811 WOODLAND AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 21 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. NORA LANSBERRY

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 GEORGE A. LANSBERRY  
6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased MARCH 15 1862  
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 18  
If less than one day hr. min.

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

10. Usual occupation NONE HOUSEWIFE

11. Industry or business AT HOME

12. Name JOHN O. MINOR

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

14. Maiden name MARY BROWN

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

16. (a) Informant GEORGE A. LANSBERRY

(b) Address 5811 WOODLAND AVENUE

17. (a) BURIAL (b) Date thereof MAR 4 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Bush Creek Blvd. K.C. Mo

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5811 WOODLAND AVENUE 8  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3  
year 1947 hour 11 minute 36 A. M.

21. I hereby certify that I attended the deceased from 23rd January 1947 to 3 March 1947  
that I last saw her alive on 3 March 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior sclerotic Heart Disease unknown  
Duration

Due to old age of 84 yrs

Due to Pneumonia, both lungs 1 wk

Other conditions Carcinoma of left breast 3 yrs.  
(Include pregnancy within 3 months of death)  
Adrian J. Brown M.D. PHYSICIAN

Major findings: Of operations none

Of autopsy none 50  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Adrian J. Brown M.D. (Physician)  
Address 350 E. Armour Blvd. State signed 4 May '47

350 E. PARKWAY  
JACOBI  
Bureau of Health - Bureau of Health

**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 Bernard L. Horan  
Licensed Embalmer No. 4250  
P. O. Address 110 MC

**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.**