

FILED NOV 10 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33737

Registrar's No. 1310

Primary Registration District No. 1000

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 **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. #1 Faucett, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Walter Austill Landis**
3. (b) If veteran, name war **None**
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 **Allyn Landis**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **January 29 1881**
(Month) (Day) (Year)

8. AGE: Years **66** Months **9** Days **2**
If less than one day hr. min.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer & Realtor**

11. Industry or business **Farm & Real Estate**

12. Name **John C. Landis**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Austill**

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

16. (a) Informant **Mrs. Allyn Landis**
(b) Address **R.R. #1 Faucett, Mo.**

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

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

18. (a) Signature of funeral director **Walter Meierhoffer**
(b) Address **1946 Colhoun St. St. Joseph, Mo.**

19. (a) **11-4-47** (Date received local registrar) (b) **L. B. Jenkins** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1st**
year **1947** hour **6** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **Jan. 1 1943** to **Nov. 1 1947**
that I last saw him alive on **Nov. 1 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis 5 yrs
Cerebral Sclerosis 5 yrs
Due to Pulmonary Infarct 4 days

Due to **Hypostatic Pneumonia 4 days**
(Include pregnancy within 3 months of death) (Bilateral)

Other conditions **Hypostatic Pneumonia 4 days**
Major findings: **Carcinoma of Asc. Colon removed 4 1/2 yrs ago**
Of autopsy **As above**
PHYSICIAN Underline the cause of 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 **G. T. Thomas M.D.** (M. D. or other)
Address **1218 9th St., St. Joseph, Mo.** Date signed **11/2/47**

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

MOTHER FATHER

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.....

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.