

FILED DEC 15 1947

Registration District No. **1002** Primary Registration District No. **1002** Registrar's No. **5120**

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 #1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 weeks**
 (Specify whether
 In this community **50 years**
 years, months or days)

3. (a) PRINT FULL NAME **Lillian Lansdon**
 3. (b) If veteran, name war **XX**
 3. (c) Social Security No. **496-16-1819**

4. Sex **F** 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Oscar H. Lansdon**
 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **January 24 1871**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
76	10	10	hr.min.

9. Birthplace **Indiana**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

11. Industry or business
 12. Name **Oscar Rodgers**
 13. Birthplace **No Record**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Amanda Wine**
 15. Birthplace **No Record**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **H. G. Lansdon**
 (b) Address **4919 Woodland**
 17. (a) **Burial** (b) Date thereof **12-6-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Hill**
 18. (a) Signature of funeral director **J. Wagner**
 (b) Address **Kansas City, Mo.**
 19. (a) **12-5-47** (b) **Heraldine Holmes**
 (Date received local registrar) (Registrar's signature)

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. **2420 Cherry**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **4**
 year **1947** hour **1** minute **35** P.M.

21. I hereby certify that I attended the deceased from **October 25, 1947**, to **December 4, 1947**;
 that I last saw her alive on **December 4, 1947**,
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Carcinoma of lung**

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) **47**
 Major findings:
 Of operations.....
 Of autopsy **See 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? (Specify type of place)
 While at work? (e) Means of injury **0**
 23. Signature **Wm W. H. ...** (M. D. or other) **Med. Dir. General Hospital #1**
 Address **12-4-47** Date signed

MOTHER FATHER

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

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 _____

Alvin R. Harnscheidt

Licensed Embalmer No. _____

4159

P. O. Address _____

Kansas City 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.