S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38908

FILED DEC 5 1947 Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 393

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 1117 Woodrow (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal (If outside city or town limits, write "RURAL") 3
(d) Street No. 1117 Woodrow (If rural, give location) 4
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Kattie Yarbrough Landon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife G.W. Landon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 22, 1862 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	9	24	hr. min.

9. Birthplace Memphis Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation XX
11. Industry or business XX
FATHER
12. Name Alonzo Elliott
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country) 9
16. (a) Informant C.W. Yarbrough
(b) Address 1117 Woodrow Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) Nov 21-1947 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 107

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1947 hour 3 minute 50 A. M.
21. I hereby certify that I attended the deceased from Nov 21 1945 to Nov 16 1947 that I last saw her alive on Nov 16 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions Exhaustion (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature W P Berney (M. D. or other) MD
Address Hannibal Mo Date signed 11-21-47

Jefferson City Printing Co. (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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.