S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1176

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 138

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: 3416 Wyandotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 3½ years
years, months or days)

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. 3416 Wyandotte 8
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Lizzie B. Landers

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Pat Landers

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

7. Birth date of deceased December (Month) 8 (Day) 1866 (Year)

8. AGE: Years 81 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation at home.

11. Industry or business x

FATHER
12. Name William Kidney
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Helena Landers
(b) Address 3416 Wyandotte, Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hiattville, Kansas.

18. (a) Signature of funeral director Stine & McClure Und. Co.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1948 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from 1943, 19 , to Jan. 9, 1948 that I last saw her alive on Jan 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of heart	12 hrs.
Due to Rheumatism	5 yrs.
Due to Chronic nephritis	5 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 b.
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 0

23. Signature John O. Skinner (M. D. or other)
Address 1402 Bryant Bldg Date signed 1/9/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. O. Skinner

By Grant Reed

MAR 9 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 Robt H Reed

Licensed Embalmer No. 3745

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.