S. No. 2
OM—5-43
y. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1038

Primary Registration District No. 1002

Registrar's No. 1038

18 3 8

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: St Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

In this community 62 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 331 So Elmwood 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM OSCAR LANDRUS

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

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Isabell

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: June (Month) 3 (Day) 1866 (Year)

8. AGE: Years 81 Months 9 Days 10 If less than one day hr. min.

9. Birthplace: Cumberland County (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation: Engineer & Fireman

11. Industry or business: Missouri Pacific

FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name: Mary Katherine Unknown
15. Birthplace: (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant: Mrs Isabella Landrus
(b) Address: 331 So Elmwood

17. (a) Burial (Burial, cremation, or removal) 3 (b) Date thereof: 3-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park K.C.Kans

18. (a) Signature of funeral director: C.H.Blackman & Son, Inc
(b) Address: 2825 Independence Blvd.

19. (a) 3-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb. 17, 1948, to March 3, 1948, that I last saw him alive on March 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia (Terminal) + Cerebrovascular Failure	2 wks
Due to: Arteriosclerotic Cardiac disease	15 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 93 8

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: J. E. Castle (M. D. or other)
Address: 102 Argyle Bldg Date signed: 3-5-48
KC Mo

(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 H D Blackman

Licensed Embalmer No. 3639

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.