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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12696**
Registrar's No. **1703**

FILED MAY 7 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 17 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. 1401 Bellefontaine **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME JACQUILINE LANDRUM

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from
known 19... to ... 19...
that I last saw h... alive on ... 19...
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased January 4 1927
(Month) (Day) (Year)

Immediate cause of death pending Duration

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>3</u>	<u>14</u>	hr. min.

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations...
Of autopsy... ju

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business X

12. Name Loan Landrum

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Morrison

15. Birthplace Versailles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roscoe Summers

(b) Address 1401 Bellefontaine K. C. Mo

17. (a) Burial (b) Date thereof April 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

18. (a) Signature of funeral director: Kidwell Funeral Home

(b) Address Versailles, Missouri

19. (a) 4-19-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature Jessie Walker (M. D. or other) Comm
Address 1421 1/2 N. 11th Date signed 4-18-48

BY 61 E 1 A 1000

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 Chas E. Wells

Licensed Embalmer No. 2644

P. O. Address H.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.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Jacqueline Lendrum

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 4 1948
(Month) (Day) (Year)

8. AGE: Years 21 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 8 Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death " As of _____

5-10-48-Coronary Sclerosis

Broncho Pneumonia

Due to NO POISONS FOUND

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 9.3.0

Of autopsy _____

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 James C. Walker _____ (M. D. or other) Coroner

Address 1424 Professional Bldg _____ Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-12696

MAY 13 1949