

FILED AUG 9 1948

Registration District No. 112

Primary Registration District No. 1000

Registrar's No. 817

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph, Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
529 North 8th Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 years, months or days) All her life

3. (a) PRINT FULL NAME JEANNETTE LANDIS WEALEY3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Laurence O'Neill Weakley 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Sept. 11 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 18 hr. min.9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Benjamin F. Landis
 13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Morrison
 15. Birthplace New Orleans La.
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Weakley
 (b) Address 529 North 8th Street
 17. (a) Burial (b) Date thereof July 31 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery
 18. (a) 'Signature' of funeral director F. R. Silvestri
 (b) Address 602 So. 10th St. St. Joseph, Mo.
 19. August 4, 1948 (b) E. C. Jenkins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 529 North 8th Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 3 minute A M.21. I hereby certify that I attended the deceased from viewed July 29th 48 to 19 to 19;that I last saw h. alive on 19 and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) Means of injury 323. Signature B. W. Tadlock Coroner (M. D. or other)
Address KLING HILL BLDG Date signed 7/29

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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

P. O. Address *St Joseph, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.