

No. 2  
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-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36681  
4336  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution:  
2207 E. 38th. st.  
(d) Length of stay: In hospital or institution  
In this community 64 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 2207 e. 38th st.  
(e) Citizen of foreign country? NO  
If yes, name country

3. (a) PRINT FULL NAME CLARENCE MELVIN LANDRETH  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased JUNE 8 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 16  
If less than one day hr. min.

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

10. Usual occupation RETIRED LABORER  
11. Industry or business

MOTHER FATHER  
12. Name UNKNOWN  
13. Birthplace  
14. Maiden name UNKNOWN  
15. Birthplace

16. (a) Informant HAUDIS OLIN  
(b) Address 2207 E. 38th.

17. (a) Burial (b) Date thereof 10-26-48  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.  
(b) Address KANSAS CITY

19. (a) 10-25-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCTOBER day 24  
year 1948 hour 2 minute AM.  
21. I hereby certify that I attended the deceased from  
June 29 1948 to October 24 1948  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic Pneumonia 3 days  
Due to Metastatic Carcinoma 2 mo  
of lungs  
Due to Adiphenous Carcinoma 9 mo  
of Prostate  
Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy

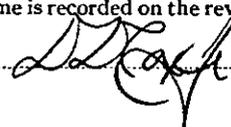
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
C. W. Mc Cartney  
While at work? (Specify type of place)  
(c) Means of injury  
23. Signature C. W. Mc Cartney (M. D. or other)  
Address 3800 E. 27th St. K.C. Mo. date signed 10/25/48

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

*D. Wm. Thompson  
3700E 27a*

**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. 274

working under my personal supervision.

Signed OK McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.**