

FILED SEP 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30386**  
**3891**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>			d. STREET ADDRESS (If rural, give location) <b>1000 Paseo</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA</b> b. (Middle) <b>E.</b> c. (Last) <b>LANDON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 4 1949</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>MAY 18, 1876</b>	
				9. AGE (In years last birthday) <b>73</b>	
				11. BIRTHPLACE (State or foreign country) <b>ATLANTA, GEORGIA</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JOHN PURDUE</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA PURDUE</b>		14. NAME OF HUSBAND OR WIFE <b>Walter Pete Landon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>N. A. WILLIS 1000 Paseo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TUBERCULOUS ENTERITIS &amp; COLITIS</b>					
		MILIARY PULMONARY TUBERCULOSIS					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/2/, 1949, to 9/4/, 1949, that I last saw the deceased alive on 9/4/, 1949 and that death occurred at 3:25P m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Ellis</b> (Degree or title)		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>9/6/49</b>	
--	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-10-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cem R. C. Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>9-9-49</b>		REGISTRAR'S SIGNATURE <b>Doraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stirling Bille</b>		ADDRESS <b>1212 W. 12th</b>	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*E. Sterling Bills*

Licensed Embalmer No. *73178*

P. O. Address *1212 Vine St*

**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.