

FILED NOV 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33581

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4516

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
 c. LENGTH OF STAY (In this place) 10 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 14th & LYON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
 d. STREET ADDRESS (If rural, give location) 1417 FOREST 32nd

3. NAME OF DECEASED
 a. (First) JOHN b. (Middle) HENRY c. (Last) LANDEAIR
 4. DATE OF DEATH (Month) (Day) (Year) 10-21-1950

5. SEX 7 MALE 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH FEB. 13, 1900 9. AGE (In years last birthday) 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY 11. BIRTHPLACE (State or foreign country) MUSKOGEE, OKLA. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT LANDEAIR 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE NANCY LANDEAIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 430-05-4299 17. INFORMANT'S SIGNATURE OR NAME NANCY LANDEAIR ADDRESS 1417 FOREST

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & hemorrhage
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Stab wound of left shoulder & lung
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 29⁰⁰

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 14th & Lyda 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 21 50 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Stabbed by an assailant

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Thos. A. Jones Deputy Coroner 23b. ADDRESS 1612 - E - 12th St. 23c. DATE SIGNED 10-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5 Oct. 28, 50 24c. NAME OF CEMETERY OR CREMATORY Westlawn 24d. LOCATION (City, town, or county) (State) Kansas City, Kans.

DATE REC'D BY LOCAL REG. 10-26-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN 1708 TRACY

(Licensed Embalmer's Statement on Reverse Side)

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

1938

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.