

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27494

State File No. _____

FILED SEP 6 - 1952

BIRTH NO. _____

REG. DIST. NO. 72

PRIMARY REG. DIST. NO. 3013

Registrar's No. 67

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

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORTH KANSAS CITY		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3638		d. STREET ADDRESS (If rural, give location) 1206 E. 45th 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Cable Corp					
3. NAME OF DECEASED (Type or Print) a. (First) PATRICK b. (Middle) JAMES c. (Last) LANDERS			4. DATE OF DEATH (Month) (Day) (Year) SEPT 2 1952		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAR 28, 1901		9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months 5 Days 3 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KEARNEY IRELAND 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Michael Landers		13b. MOTHER'S MAIDEN NAME JOANNA GRADY	14. NAME OF HUSBAND OR WIFE.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no or unknown) (If yes, give way and period of service) YES WW II	16. SOCIAL SECURITY NO. 495-01-4127	17. INFORMANT'S SIGNATURE OR NAME Miss ELLIEN LANDERS		ADDRESS 1206 E. 45th	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crowny Cholinian INTERVAL BETWEEN ONSET AND DEATH 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		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 _____, 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 (Degree or title) J. S. Pate M.D. Surgeon			23b. ADDRESS North Kansas City, Mo.		23c. DATE SIGNED 9/13/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-4-52	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		
DATE REC'D BY LOCAL REG. Sept 4 - 52	REGISTRAR'S SIGNATURE Beulah Kitcher 63-		25. FUNERAL DIRECTOR'S SIGNATURE: ADDRESS P. W. Newcomer's Kansas City		

OCT 29 1952

NOV 1 1952

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 Basil J. Honey

Licensed Embalmer No. 4724

P. O. Address Lashland, 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.