

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. 42307  
Registrar's No. 10948

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY None  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 13 1/2 d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2225a Market St. e. STREET ADDRESS (If rural, give location) 21 2225a Market St.

3. NAME OF DECEASED (Type or Print) a. (First) President b. (Middle) LAND c. (Last) LAND 4. DATE OF DEATH (Month) (Day) (Year) December 11, 1955

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown 8. DATE OF BIRTH Aug. 11, 1913 9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 10b. KIND OF BUSINESS OR INDUSTRY Tonsorial Shop 11. BIRTHPLACE (City and State or Foreign Country) Washington County, Ala. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marshall Land 13b. MOTHER'S MAIDEN NAME Bertha Lewis 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Williams, 877 N. Wells, Chicago, Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Aspiration Pneumonia 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 4912 20. AUTOPSY? YES  NO

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) (Min) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 P, to 19, that I last saw the deceased alive on 19, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

22a. SIGNATURE James M. Kelly 22b. ADDRESS 1300 Clark Avenue 22c. DATE SIGNED 12/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12-14-55 24c. NAME OF CEMETERY OR CREMATORY Waynesboro Cemetery 24d. LOCATION (City, town, or county) (State) Waynesboro, Mississippi

DATE REC'D BY LOCAL REG. DEC 14 1955 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cunningham & Moore, 2405 Marcus Avenue

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

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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.....  
Signature of Student Embalmer

Signed.....  
John K. Cunningham  
Licensed Embalmer No..... 4476

P. O. Address ..... 2405 Marcu

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.