MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28221

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. [illegible]

Township Kaw — Primary Registration District No. ..... — Registered No. [illegible]

City KC Mo — (No. St Joseph Hospital St. ..... Ward)

2. FULL NAME Alscinous Vernon Lange Jr.

(a) Residence. No. 2713 E 78th st Terrace St. 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 23-1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	~~4~~ 5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work home
(b) General nature of industry, business, or establishment in which employed (or employer) Infant.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2713 E 78 K.C. Mo.

PARENTS

10. NAME OF FATHER Alscinous Lange

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Emporia Kas.

12. MAIDEN NAME OF MOTHER Virginia Goldia Fengate

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) think Newton Mo

14. INFORMANT Alscinous Lange
(Address) 2713 E 78th St Terr.

15. FILED 8/4, 1931 M. M. Crowe Ass REGISTRAR

MEDICAL CERTIFICATE OF DEATH Sunday

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-2 1931

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental automobile
Lamatine KC Mo

21 [illegible] (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pedestrian

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M Hall, M. D
, 19 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill ~~Memorial Park~~ — DATE OF BURIAL 8-4 1931

20. UNDERTAKER Eylar Funeral Home — ADDRESS 1800 Linwood

CAUSE OF DEATH in plain terms, so that it may be [illegible]