

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

Do not use this space.

REC'D MAY 16 1938

15954

1. PLACE OF DEATH

County Saline
Township Westland
City Sweet Springs (No. _____)

Registration District No. 801
Primary Registration District No. 4480

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Henry Lange
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

52.0

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agusta Lange
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1857
7. AGE YEARS 81 MONTHS _____ DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to April 22, 1938.
I last saw him alive on April 20, 1938. Death is said to have occurred on the date stated above, at 2²⁹ p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Picker of Soil
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation Life

Cancer of Jaw Date of onset _____
45
Other contributory causes of importance: Senility

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
FATHER 13. NAME Fredrick Lange
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Anna Tebbenkamp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

17. INFORMANT Mrs. Ezra Simmons (ADDRESS) Street Springs Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Apr. 24, 1938

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

19. UNDERTAKER R. C. Carter (ADDRESS) Street Springs Mo
20. FILED 4-25, 1938 Rose C. Harrison Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Henry Lange, M. D.
708 (Address) Sweet Springs Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

