

REC'D APR 17 1939

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

9375

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Rau Primary Registration District No. 1002 Registered No. 981
(c) City Kansas City (d) Street No. Research Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

523 Mrs. Pauline A Langston
(a) Residence, No. 201 So Jewell St. Liberty Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Allen Langston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 - 1898
7. AGE YEARS 40 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI
13. NAME Paul Rudolph
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME BERTHA. HOLD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
17. INFORMANT (ADDRESS) Robt. Allen Langston Liberty Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Ma. Pk. DATE Mar. 6 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer Brushcreek + Paseo
20. FILED 3/4 1939 M. M. Brome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3 1939
22. I HEREBY CERTIFY, That I attended deceased from March 1 1939 to March 3 1939
I last saw her alive on March 3 1939. Death is said to have occurred on the date stated above, at 1:38 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia - Type I
Bilateral - all lobes -
108
Other contributory causes of importance
Pneumococcal Septicemia
Type I.
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes
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
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul R. Lewis M. D.
(Address) 934 1/2 W. 12th St. Kansas City, Mo.

018227

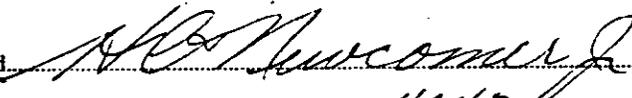
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4043.....

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, above space should be left blank.