

REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15741
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot
(b) Township Pemiscot
(c) City or ~~Caruthersville~~
(e) Length of residence in city or town where death occurred 520 yrs. 11 mos. da.

Registration District No. 681
Primary Registration District No. 1863

Registered No. 89

(d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Audrey Lang

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .hrs. or .min.
11 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
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) Caruthersville (STATE OR COUNTRY) Missouri

FATHER 13. NAME Felix Lang

14. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (CITY OR TOWN) Summerville (STATE OR COUNTRY) Tenn.

17. INFORMANT Felix Lang (ADDRESS) Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE April 23, 1939

19. FUNERAL DIRECTOR (NAME) German Undt. Co. (ADDRESS) Steele, Mo.

20. FILED April 22, 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939 to April 22, 1939
I last saw him alive on April 17, 1939. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Typhoid Fever
Date of onset April 1, 1939

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Blood Culture Was there an autopsy? No

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) C. C. Miller, M. D.
(Address) Caruthersville, 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.

RECEIVED

District Health Officer No. _____

District File Number 39-21

Date Filed 5-3-39

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. _____

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.