DR. MC HANEY

AUG 9 1939

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

25418
Do not use this space.

1. PLACE OF DEATH
(a) County Cole / Registration District No. 213
(b) Township / Primary Registration District No. 3014 Registered No. 158
(c) or City Jefferson / (d) Street No. St. Mary's 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 521 Herman August Langkop
(a) Residence, No. Osage City, Mo. St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Manie Easley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-21-1874
7. AGE: YEARS 64 MONTHS 6 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Marchant
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): Bunceton, Missouri

FATHER
13. NAME: Henry Langkop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Phillipine Kopp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Dorothy Goff, Osage City, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE: River View Cem DATE: July-4-- 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thorn J. Gordon, Jefferson City, Mo
20. FILED 7/31/1939 on Bisfoil M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1939
22. I HEREBY CERTIFY That I attended deceased from June 19, 1939 to July 2, 1939
I last saw him alive on July 1, 1939 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation of Gall Bladder	about May 28 1939
Chronic cholecystitis and cholelithiasis	
Peritonitis	

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Other contributory causes of importance:
Toxemia
Toxic myocardial degeneration

Name of operation: Cholecystectomy Date of 6/27/39
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) John W. McHaney, M. D.
(Address) Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Ferd L Dulle, Registered Apprentice No. ..... working under my personal supervision.

Signed Ferd L Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.