

REC'D AUG 11 1939

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

25885
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Carthage Primary Registration District No. 3020 Registered No. 137
(c) or City Carthage (d) Street No. _____ 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 Joseph Elliott Langford

(a) Residence, No. 1044 Forrest St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Palmer Langford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1867.</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>	
	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)	<u>Ottomwica</u> <u>Iowa</u>	
FATHER	13. NAME <u>Joseph E. Langford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Graves</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT (ADDRESS)	<u>Mrs. H. L. L. Anderson</u> <u>Trinidad, Colorado</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Park Cemetery</u> DATE <u>7-18-39</u> 19 <u>39</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>Ulmer's Funeral Home</u> <u>Carthage Mo.</u>	
20. FILED	<u>July 18, 1939</u> <u>E. J. McIntire, M.D.</u> 865 (Address) <u>Carthage, Mo.</u> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1939, to July 14, 1939
I last saw deceased alive on July 14, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 7/14/39
94 lb

Other contributory causes of importance:
Suffered cerebral hemorrhage 2 years ago
Chlorid

Name of operation none Date of _____
What test confirmed diagnosis Chlorid Was there an autopsy? _____

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) M. J. Hansen, M. D.
Carthage, 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. 6,

District File Number

839-1593-

Date Filed

AUG 9 1939

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. 2222

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.