

Registration District No. **292**

Primary Registration District No. **4177**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Franklin**
 (b) City or town **Pacific**
 (c) Name of hospital or institution: **V**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **58 years** years, months or days

3. (a) PRINT FULL NAME **JOHN LANG 520**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **Rundigunda Lang**
 6. (c) Age of husband or wife if alive **87** years
 7. Birth date of deceased **November 7 1856**
 (Month) (Day) (Year)

8. AGE: Years **82** Months **11** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Own farm**

12. Name **Not known**

13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Schmitzer**

15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joseph Rang**

(b) Address _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation **Pacific, Mo.**

18. (a) Signature of funeral director **Geo. L. Shieber**

(b) Address **Pacific, Mo. 2106**

19. (a) **Oct 31 1939** (Date received local registrar) (b) **Mary B. Rose** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
 (c) City or town **Pacific**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **58** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30**
 year **1939** hour **5** minute **15** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis**

Due to _____

Due to _____

Other conditions **920**
 (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **not**

(b) Date of occurrence **Oct 30 1939**

(c) Where did injury occur? **Pacific Franklin mo**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home
 (Specify type of place)

While at work? **no** means of injury **none**

23. Signature **Phos. P. Shopper** (M. D. or other)

Address **Sullivan mo** Date signed **10/30/39**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

V. S. Form No. 2
50M-5-17-39
Rev. 5-17-39
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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.

W. A. VANDERBILT