

FILE MAR 11 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 47 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 501 Sergeant
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Girlie Wilson Langston

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or** White **6. (a) Single, widowed, married,** Married
divorced

6. (b) Name of husband or wife. Charles Langston **6. (c) Age of husband or wife if** 61
alive years

7. Birth date of deceased. Sept. 18, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>5</u>	<u>5</u>	hr. min.

9. Birthplace. Sparta Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business. Home

12. Name. Henry Wilson

13. Birthplace. New York City New York
(City, town, or county) (State or foreign country)

14. Maiden name. Ada McCormack

15. Birthplace. Sparta Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Chas Langston

(b) Address. 501 Sergeant, Joplin, Mo.

17. (a) Burial **(b) Date thereof.** 2-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Hope Cemetery

18. (a) Signature of funeral director. Hurlbut Und. Co.

(b) Address. 212 Joplin st., Joplin, Mo.

19. (a) 2-26-40 **(b)** Ed S. Jensen
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1940 hour 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from 9-30-39
_____, 19____, to Feb-23-40, 19____;

that I last saw her alive on 2-22, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration** _____

Carcinoma of Breast, left

Due to with metastases to stomach,

Due to and spine

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: operated at Burrus Hospital
in St Louis

Of autopsy. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury. _____

23. Signature. [Signature] (M. D. or other)

Address. Joplin Mo **Date signed.** _____

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

Rev. 5-17-39
U.S. GPO: 1939

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 340-7216

Date Filed MAR 8 1940

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 Sam E. Senceny

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

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.