No. 2
11-10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14849

Registration District No. 305 Primary Registration District No. 4184 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 31 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE
(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.? years.

3. (a) PRINT FULL NAME HENRY FREDERICK WM. LANGE

3. (b) If veteran, name war NONE

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 EMMA HENRETTE LANGE

6. (c) Age of ~~husband or~~ wife if alive 69 years

7. Birth date of deceased APRIL (Month) 14 (Day) 1867 (Year)

8. AGE: Years 72 Months 11 Days 27 If less than one day hr. min.

9. Birthplace BYRON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name FRITZ LANGE
13. Birthplace — (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name DENA BUCHHOLZ
15. Birthplace — (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Mrs Oscar Hellberg
(b) Address Owensville Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL (Month) 14 (Day) 1940 (Year)
(c) Place: burial or cremation ST. PETER CEM. OWENSVILLE

18. (a) Signature of funeral director W.F. Gettenstroeter
(b) Address OWENSVILLE

19. (a) 4-12-40 (Date received local registrar) (b) Seth A. Barnes M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11 year 1940 hour 2 minute 48 A.M.

21. I hereby certify that I attended the deceased from 3-10-40, 19..., to 4-11, 1940, that I last saw h. alive on 4-11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Failure	2 DAYS
Chronic Myocarditis	?
Due to Bronchopneumonia	
Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93C	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Seth A. Barnes (M. D. or other)
Address Owensville, Mo Date signed 4-13-40

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd Ficke, Registered Apprentice No. 249 working under my personal supervision.

Signed W. F. Gattinstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville

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

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