

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22473

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 67

1. PLACE OF DEATH

(a) County Jemise
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
402 Highland Ave.
(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) 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jemise
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 402 Highland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Wayne E. Langdon 535

3. (b) If veteran, name war NO 8. (c) Social Security No. 4 89-12-8139

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

6. (b) Name of husband or wife Laura Langdon 6. (c) Age of _____ wife if alive 47 years

7. Birth date of deceased October 27, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 8 2 1 hr. 1 min.

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

10. Usual occupation auditor + bookkeeper

11. Industry or business Civil Sand & Gravel Co.

12. Name Caterill W. Langdon

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

14. Maiden name Milla E. Wetson

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

16. (a) Informant Laura Langdon
(b) Address Caruthersville, Mo

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 7/2/40
(Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director W. J. Jorg, Und Co
(b) Address Caruthersville, Mo
19. (a) July 5, 1940 (b) Ceda Matier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from March, 1940, to June 30, 1940 that I last saw him alive on June 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver, Portal

Due to _____
Due to _____

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

Major findings: Of operations None
Of autopsy None

Duration _____
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 C. E. Carter (M. D. or other) MD
Address Caruthersville Mo Date signed 7/2/40

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

8
2
1

5

7-40-31

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

J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Cynthiana, 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.