No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42037

Registration District No. 105 Primary Registration District No. 5761 Registrar's No. 26

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) ~~City or town~~ Tebbetts R.F.D. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ant. Sam N. [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town Tebbetts RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Robert Lee. LANGLEY
3. (b) If veteran, name war .....
3. (c) Social Security No. 487-18-0485
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JANE (DAVIS) LANGLEY
6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased Feb. (Month) 13 (Day) 1911 (Year)

8. AGE: Years 29 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace CALLAWAY Co. (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER. 0
11. Industry or business 0
FATHER
12. Name CHARLES LANGLEY 0
13. Birthplace CALLAWAY Co. (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name MAY LANGLEY
15. Birthplace CALLAWAY Co. (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs. R.L. Langley
(b) Address Tebbetts, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation High Hill Cemetry
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 700 Court St. Fulton, Mo.
19. (a) Dec. 29-40 (Date received local registrar) (b) W.H. Williamson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th, year 1940 hour 4 minute A.M.
21. I hereby certify that I attended the deceased from December 28, 1940 to December 28, 1940 that I last saw him alive on December 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalitis, non-epidemic	2 days
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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) no
(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 Frank J. Nichols (M. D. or other) ----
Address Mokane, Mo. Date signed 12-29-40

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(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.....

....., 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.