

No. 2  
4-13-40  
5-17-39  
I X23139

FILED MAR 24 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7070**

Registration District No. **14**

Primary Registration District No. **5496**

Registrar's No. **8**

42  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Henry**  
(a) County **Henry**  
(b) City or town **Rural, Windsor Twsp.**  
(c) Name of hospital or institution: **R.F.D # 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 years**  
In this community **4 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Albert W. Langston**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Bonnie Miller Langston** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 11 1861**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **4** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Bennett S. Langston**  
13. Birthplace **unknown Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Susan J. Carpenter**  
15. Birthplace **unknown Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. E. Thompson**  
(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **2-16-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Garden City, Missouri**

18. (a) Signature of funeral director **Huston-Turner**  
(b) Address **Windsor, Missouri**

19. (a) **2-16-41** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **42**  
(a) State **Missouri** (b) County **Henry**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R. F. D. Windsor**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** 15  
year **1941** hour **2:20** A M minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Dec 24**  
**1940** to **Feb 13** 1941  
that I last saw him alive on **Feb 13** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Bronchopneumonia**  
Due to **Carcinoma of the Pancreas**  
Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: **469**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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? \_\_\_\_\_

**319** While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **?**  
3. Signature **T. C. Magbet** (M. D. or other) **DO**  
Address **Windsor Mo** Date signed **2/16/41**

RECEIVED

District Health Officer No. 7,

District File Number 3-41-566

Date Filed 3-21-41

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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.....

*Edell Hinton*

Licensed Embalmer No. ....

3391

P. O. Address.....

*Wilmington, 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, fact should be so stated above.