

FILED AUG 15 1944
Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **586**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1323 SHERMAN**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene 039**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1323 Sherman** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **JEWELL MEADOR LANGLEY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

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

6. (b) Name of husband or wife **Water Langley** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Sep 29 - 1916**
(Month) (Day) (Year)

8. AGE: Years **24** Months **9** Days **18** If less than one day hr. min.

9. Birthplace **Polk Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

MOTHER FATHER { 11. Industry or business **In home**

12. Name **John E. Meador**

13. Birthplace **Polk Co. Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Carla Fickler**

15. Birthplace **Unknown Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Cavan**

(b) Address **Tulsa Okla**

17. (a) **Burial** (b) Date thereof **July 20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopewell Cem**

18. (a) Signature of funeral director **J. W. Klingner & Co.**

(b) Address **Springfield, Mo.**

19. (a) **7-19-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17** year **1941** hour **20** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Sherman St. 19 July 17 1941**
that I last saw him alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death **murder**
Shots by Walter C. Langley
according to verdict of jury
at coroner's inquest
Due to **7-17-41**

Due to **Murder 1941**

Other conditions (Include pregnancy within 3 months of death)

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) **homicide**

(b) Date of occurrence **7-17-41**

(c) Where did injury occur **Springfield, Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home of John Meador

While at work (Specify type of place) (e) Means of injury

Signature **H. B. Barber, Acting Coroner** (M. D. of other)
Address **227 E. Olive St.** Date signed **7/19/41**

754 (Licensed Embalmer's Statement on Reverse Side) **Springfield, Mo.**

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

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 *Wayne L. Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

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

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