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1—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35671

Registration District No. 639 Primary Registration District No. 4-383-5848 Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Osage Benton Township Rural

(b) City or town [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 59 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage 70

(c) City or town Benton, Township Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- 0 years.

3. (a) PRINT FULL NAME Emmert R. Langendoerfer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Langendoerfer

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 12 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	11	13	6 hr. 15 min.

9. Birthplace St. Aubert M. Rural 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Louis Langendoerfer
13. Birthplace Herman Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Price
15. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

16. (a) Informant August Langendoerfer
(b) Address Chamois. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Woods Cemetery

18. (a) Signature of funeral director Otto T. Stocksick
(b) Address Chamois, Mo.

19. (a) Oct 27, 1941 (Date received local registrar) (b) Esther Souder (Registrar's signature)
570

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1941 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-15-41 To 10-24, 1941, to , 19 ;
that I last saw him alive on 6-24-41, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer head of Pancreas	
Due to	
Due to 46g	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Cancer head of Pancreas	PHYSICIAN
Of autopsy	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 0

23. Signature Wm. W. McFully (M. D. or other)
Address Chamois Mo Date signed 11-3-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 0 1941

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, ~~only~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.