DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41513

FILED JAN 23 1942

Registration District No. 4

Primary Registration District No. 3008

Registrar's No. 334

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

1. PLACE OF DEATH

(a) County CALLAWAY

(b) City or town FULTON (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 LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14

(c) City or town FULTON (If outside city or town limits, write "RURAL") 1

(d) Street No. 16 EAST 10TH (If rural, give location) 7

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HILLARY LANGTRY

3. (b) If veteran, name war CIVIL

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

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

7. Birth date of deceased MAR. (Month) 1 (Day) 1845 (Year)

8. AGE: Years 96 Months 9 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace CALLAWAY CO (City, town, or county) MISSOURI U (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name A. S. LANGTRY
13. Birthplace (City, town, or county) VIR. / (State or foreign country)

MOTHER
14. Maiden name ELIZA J. HAMILTON
15. Birthplace (City, town, or county) VIR. / (State or foreign country)

16. (a) Informant WARREN LANGTRY

(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation OLD AUXVASSE

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 700 Court St. Fulton, Mo.

19. (a) 12-13-41 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1941 hour 11 P.M. minute 0 M.

21. I hereby certify that I attended the deceased from Nov 27 1941 to Dec 12 1941 that I last saw him alive on Dec 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Fractured femur, caused by a fall on the floor of his home, due to his general weakness.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 014

(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 R. N. Crews (M. D. or other)

Address Fulton Mo Date signed 12/13/41

100

(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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

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

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

V. S. No. 2B
10M—8-21-41
X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 41513

Registration District No. 194 Primary Registration District No. 3008 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hillary Langley

3. (b) If veteran, name war Civil

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar. 1, 1845
(Month) (Day) (Year)

8. AGE: Years 96 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured femur caused by a fall on floor at home

Due to due to general weakness

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a
Of autopsy 18

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) Injured Hef joint
(b) Date of occurrence Nov. 26 or 27, 1942
(c) Where did injury occur? Fulton Callaway Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fall from his bed.
(Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature [illegible] (M. D. or other)
Address Fulton Mo Date signed 1/29/42

SUPPLEMENTARY

S-41513