

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County, Jackson
(b) City or town, Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
537 Gladstone Blvd. Apt. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 2 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 537 Gladstone Blvd. Apt. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William Lang

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased November 17 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 3 _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business None

12. Name William H. Lang, Jr.

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hildegarde Bongner

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William H. Lang, Jr.

(b) Address 537 Gladstone Blvd.

17. (a) Burial (b) Date thereof Jan. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Calvary Cemetery

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-22-42 (b) M. M. Grand
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 17 1941
19. Jan 20th - 1942
that I last saw him alive on Oct 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Strangulation

Due to aspiration of vomited milk.

Due to _____
Other conditions 195E
(Include pregnancy within 3 months of death) 99

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) _____

(b) Date of occurrence 12

(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? _____

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

23. Signature James O. Beall (M. D. or other) DO

Address 3011 Independence Date signed 1-21-42

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

MOTHER FATHER

3041 a. Independence Ave.

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..... *C. Hervey Quisenberry*
Licensed Embalmer No..... *40700*
P. O. Address..... *AC 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.