S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6563

FILED FEB 27 1942

Registration District No. 293 Primary Registration District No. 4177 Registrar's No. 7

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Pacific Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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: 36

(a) State Missouri (b) County Franklin

(c) City or town Pacific 6
(If outside city or town limits write "RURAL")

(d) Street No. ✓ 6
(If rural, give location)

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

3. (a) PRINT FULL NAME Lepold Langenbacher

8. (b) If veteran, name war no

3. (c) Social Security No. no

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 Oct (Month) 3 (Day) 1874 (Year)

8. AGE: Years 67 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Building Industry

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

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

16. (a) Informant Miss Ella Castles
(b) Address St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director Jno. L. Thiebes
(b) Address Pacific, Mo.

19. (a) 1/31/42 (Date received local registrar) (b) Blanch C Pletcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 11 minute 50 A.M.

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

Immediate cause of death

Due to Coronary Thrombosis

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

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
(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

23. Signature Ernst L. Oltmann Coroner
Address Gerald, Missouri Date signed 1-31-42

1110

(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 Jno. L. Shelles

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.