. No. 2
—1-4-41
5-17-39
PI X26390

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

58
2
1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1942

Registration District No. 5

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7173

Primary Registration District No. 4305

Registrar's No. 5

1. PLACE OF DEATH:

(a) County LINN

(b) City or town MARCELINE Tr.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North Barbour St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 76 yrs. 11 mo. 6 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LINN 58

(c) City or town MARCELINE 2
(If outside city or town limits, write "RURAL")

(d) Street No. North Barbour St. 1
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME MARY L. LANGWELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F. M. 1

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 Feb (Month) 28 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	6	✓ hr. ✓ min.

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

10. Usual occupation Housekeeper,

11. Industry or business Housekeeping

FATHER
12. Name William Coulson
13. Birthplace Carrol Co. Va.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Scott
15. Birthplace Carrol Co. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Jean G Landreth
(b) Address Marceline, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Wyandotte Cem. Bucklin Mo

18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin, Mo.

19. (a) 2-4-42 (Date received local registrar) (b) Olive L Barrett (Registrar's signature)

~~MEDICAL~~ CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4, year 1942 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from February, 1939, to February, 1942, that I last saw her alive on Feb 4 - 2 A.M. 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemmorrhage	2 days
Due to High Blood Pressure + Arteriosclerosis	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83a

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? 2
(Specify type of place)
While at work? (e) Means of injury

23. Signature John W. Aiken (M. D. or other) D.O.
Address 115 W. Ritchie Date signed 2-4-42

431

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1942

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.....E. A. Larson.....

Licensed Embalmer No.....4037.....

P. O. Address.....Bucklin, 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.