

S. No. 2  
1-4-41  
5-17-39  
X26390

15067

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1942  
6 11 12

Registration District No. \_\_\_\_\_

Primary Registration District No. 5813

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Buffalo Township  
(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 years, months or days)

In this community 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 7 8

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

(d) Street No. R.F.D. # 1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Eliza Lankford

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1942 hour 5 PM. minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Alexander Franklin Lankford 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 27 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 5 1942 to Apr 16 1942  
that I last saw her alive on Apr 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death flu

8. AGE: Years Months Days If less than one day

78 7 20 hr. \_\_\_\_\_ min.

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 32a

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Franklin Keller

FATHER { 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Keller

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

16. (a) Informant Alonzo Lankford

(b) Address Seneca, Mo. R.F.D. 1

17. (a) Burial (b) Date thereof 4 17 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation The Mason Grove

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? \_\_\_\_\_

18. (a) Signature of funeral director W. H. Coughlin

(b) Address Seneca, Mo.

19. (a) 4-21-42 (b) Theodore E. King  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. B. Swankley (M. D. or other) \_\_\_\_\_  
Address Seneca Mo Date signed 4-20-42

1109

RECEIVED

District Health Officer No. 6,

District File Number 543-672

Date Filed MAY 12 1942

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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

*James Weldon Buzzard*

Licensed Embalmer No. 4295

P. O. Address

Seneca 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.**