

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED MAY 29 1942

Registration District No. 89

Primary Registration District No. 5137

Registrar's No. 107

1. PLACE OF DEATH:

(a) County: Bentler

(b) City or town: Rural - Belle Plaine
(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: 11 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Bentler

(c) City or town: Rural - Belle Plaine
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. N.E. of _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: SIDNEY ANDREW LANKFORD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Margie Lankford

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

7. Birth date of deceased: 8 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation: Farming

11. Industry or business: _____

MOTHER FATHER { 12. Name: Wm Lankford

13. Birthplace: Shelburne Ill
(City, town, or county) (State or foreign country)

14. Maiden name: Ellen

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

16. (a) Informant: Mrs Sid Lankford

(b) Address: 4 mi. N.E. of Belle Plaine

17. (a) Burial (b) Date thereof: 3-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wm. Lankford's Burial

18. (a) Signature of funeral director: Raymond Russell

(b) Address: Princeton, Ark.

19. (a) 4-8-42 (b) Belle Plaine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour _____ minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-19-42
3-20 1942 to 3-20 1942
that I last saw him alive on 3-20- 1942
and that death occurred on the date and hour stated above

Immediate cause of death: Peritonitis
caused by ruptured appendix
Due to: ruptured appendix
Due to: appendicitis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____

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

23. Signature: J.P. Wells (M. D. or other) _____
Address: Belle Plaine Ark. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

200

1200

RECEIVED

District Health Office No. 2

District File Number 542-612

Date Filed 5-13-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.