

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

Missouri State Board of Health
FILED AUG 17 1942

24042

1. PLACE OF DEATH

County Carter Registration District No. 145
Township Johnson Primary Registration District No. 5208
City Ellisnore (Rural) (No. _____) St. _____ Ward _____

2. FULL NAME John Houston Lorange,

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvira Johnson-Lorange,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 8th 1856,
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) About 1935- Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

13. NAME Wm. Houston Lorange,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Mary Hill,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina,

17. INFORMANT Mrs. Lawrence Corsav,
(ADDRESS) Ellisnore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE White's Mill, DATE _____ 19____

19. UNDERTAKER
(ADDRESS) _____

20. FILED Feb 13, 1942 Miss A. J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-41 19____
22. I HEREBY CERTIFY, That I attended deceased from one visit 3½ yrs ago, that he had no further medical attention, 19 that I saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at 3 P. m. ?
The principal cause of death and related causes of importance were as follows:

"Infirmities of age" Date of onset _____

Other contributory causes of importance: 162 lb

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

28. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. W. Cotton, M. D. Coroner
(Address) Van Buren, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number 7425-33.

Date Filed 8-11-42