

S. No. 2
DM-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40177**

WED JAN 11 1943
Registration District No. **38**

Primary Registration District No. **3.006-5+20**

Registrar's No. **280**

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

024

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Hope Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month
(Specify whether years, months or days)

In this community Six weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Franklin

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

(d) Street No. 48 Nottingham Road
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Carrie Burton Lang

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex 41 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Wm. H. Lang 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 22 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>0</u>	<u>24</u>	hr. min.

9. Birthplace Lawrence Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Zachariah Burton

13. Birthplace Wash Co. N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Tearden

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

16. (a) Informant Nanna P. Mayhew

(b) Address Columbus Ohio

17. (a) Removal (b) Date thereof Dec 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery Fulton Missouri

18. (a) Signature of funeral director Joseph H. [unclear]

(b) Address Fulton Missouri

19. (a) 12-16-42 (b) Edna H. Barlow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th
year 1942 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from November 14 1942 to December 16 1942
that I last saw h. alive on December 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture femur, left
Heart disease
arteriosclerosis + Myo-carditis

Duration Nov. 14, 1942
Dec. 16, 1942

Due to Heart disease
arteriosclerosis + Myo-carditis

Due to

Other conditions (Include pregnancy within 3 months of death) 186 a

Major findings: Of operations 186 a

Of autopsy 186 a

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) Fall - accident - 119

(b) Date of occurrence NOV. 14, 1942

(c) Where did injury occur? Columbia, Boone, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Injury at home of son
(Specify type of place) (e) Means of injury Fall

23. Signature Edwin C. Schmidtke (M. D. or other)

Address Columbia, MO Date signed 12/16/42

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 Leo G Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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.