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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Jemman 40766
State File No. _____
Registrar's No. 870

Registration District No. _____

Primary Registration District No. 2000

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 633 S. Dollison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edith Langsford
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 7th
year 1942 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from Jan., 1942
..... 19..... to 12/7/42..... 19.....
that I last saw her alive on 12/6/42..... 19.....
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Langsford
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased August 1, 1869
(Month) (Day) (Year)

Immediate cause of death Angina pectoris
Duration 10 mo.
Due to.....
Due to.....

8. AGE: Years 1 73 Months 4 Days 6
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) gulf
Major findings: operations gulf
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Unknown England
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home

MOTHER FATHER
12. Name ROBERT HARRY (Verified)
13. Birthplace Unknown ENGLAND
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET TREVILLA
15. Birthplace Unknown ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Langsford
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

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

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 12-9-42 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

23. Signature A. B. Jemman (M. D. or other) M. D.
Address Springfield, Mo Date signed 12/8/42

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(Licensed Embalmer's Statement on Reverse Side)

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..... *Harlow Knabb*

Licensed Embalmer No. *4065*

P. O. Address *Springfield, 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.

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