

State File No. _____

Registrar's No. 35

Primary Registration District No. 5-935

LED FEB 5 1943
Registration District No. 74

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

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town RURAL SEDALIA-TWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD # 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMIL LANGE

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 M

6. (b) Name of husband or wife HELEN 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JULY 16 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 9 hr. min.

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

10. Usual occupation FARMER

11. Industry or business SELF

MOTHER FATHER { 12. Name CHRIS LANGE

{ 13. Birthplace GERMANY

{ 14. Maiden name AMELIA BARTEL

{ 15. Birthplace GERMANY

{ (City, town, or county) (State or foreign country)

16. (a) Informant HELEN LANGE

(b) Address SEDALIA MO

17. (a) BURIAL (b) Date thereof 1-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director GILLESPIE FUNERAL HOME

(b) Address SEDALIA - MO

19. (a) 1/26/43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 25
year 1943 hour 9:10 minute 0 M.

21. I hereby certify that I attended the deceased from 1/23 1943 to 1/25 1943
that I last saw him alive on 1/23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis Duration 3-4 yrs

Chronic Bronchial Asthma Duration 4-5 yrs

Chronic Brights Duration (?)

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

Major findings: Of operations 131

Of autopsy _____

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) _____

(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) Means of injury _____

23. Signature W. B. Boyer, M.D. (M. D. or other title)

Address Sedalia Mo Date signed 1/24/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-4-43

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

Geo Dilland
3868

Licensed Embalmer No.

P. O. Address

Subalia, 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.