

S. No. 2
DM-542
5-17-42
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 6 1943

Registration District No. 316

Primary Registration District No. 6075-

Registrar's No. 192

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington, RURAL, ST. FRANCOIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution; write street number or location)

(d) Length of stay: In hospital or institution 1 yr 5 mos 2 das
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. _____ (If rural, give location) No

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT ROBERT LANGLEY
FULL NAME

MEDICAL CERTIFICATION

3. (b) If veteran, Unknown name war _____

20. DATE OF DEATH: Month Dec. day 23rd
year 1942 hour 10 minute 45 A.M.

3. (c) Social Security Unknown
No. _____

21. I hereby certify that I attended the deceased from Sept. 11
1942 to Dec. 23 1942
that I last saw him alive on Dec. 23 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Langley

6. (c) Age of husband or wife if alive Unknown years 188

7. Birth date of deceased March 27 188
(Month) (Day) (Year)

Immediate cause of death Cerebral Hypertension Duration 18 mos.

Psychosis 18 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 102

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>8</u>	<u>26</u>	br. _____ min.

9. Birthplace Clay County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jeff Langley

13. Birthplace Clay Co Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Martha Johnson

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

16. (a) Informant Records S^tate Hospital

(b) Address Farmington, Mo

17. (a) Burial (b) Date thereof 12-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville, Missouri

18. (a) Signature of funeral director Black Mortuary

(b) Address Farmington, Arkansas

19. (a) Jan 1 1943 (b) Byrdie Bukhmaster
(Date received from registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy No 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 6

23. Signature Otto A. Schwidde (M. D. or other) MD
Farmington State Hosp 11/10 Date signed 12-23-42

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

94
0

94
0

1196

VED

Health Officer No. 4

District File Number 243-1627

Date Filed 2-5-43

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 *Carl J. Miller*

Licensed Embalmer No. 3752

P. O. Address *Farmington, Me*

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.