

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6619

State File No.

FILED MAR 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:
414 Gray St; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 414 Gray St;
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Stephen A. Langford

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Myra Langford

6. (c) Age of husband or wife if alive 74 yrs.

7. Birth date of deceased Dec. 31, 1857.
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation retired laborer

11. Industry or business

MOTHER FATHER

12. Name Soloman Langford

13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Langford

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

16. (a) Informant Myra Langford

(b) Address 414 Gray St. Joplin Mo;

17. (a) Burial (b) Date thereof 2-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 2-20-43 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 18, day 1943
year hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on ¹⁹ ~~19~~ ^{to} ~~to~~ ^{at} ~~at~~ ^{the} ~~the~~ ^{place} ~~place~~ ^{where} ~~where~~ ^{he} ~~he ^{died} ~~died ^{and} ~~and~~ ^{that} ~~that ^{death} ~~death ^{occurred} ~~occurred ^{on} ~~on~~ ^{the} ~~the ^{date} ~~date~~ ^{and} ~~and~~ ^{hour} ~~hour~~ ^{stated} ~~stated ^{above} ~~above.~~~~~~~~~~~~~~~~

Immediate cause of death
Myocardial failure
Due to senility
Due to was found dead in bed

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9327

Of 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) [Signature] (M. D. or other)

3. Signature [Signature] (M. D. or other)

Address Carthage, Mo. Date signed Feb 18

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
52

49
2
5

1204

(Licensed Embalmer's Statement on Reverse Side)

143

48-2-223

MAY 6 1943

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.....

Ray K. Hubbell

Licensed Embalmer No.....

959

P. O. Address.....

Jasper

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.