

FILED MAY 6 1943

Registration District No. 1002

Registrar's No. 2016

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 mo - 17 days
(Specify whether years, months or days)

In this community 1 month - 17 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C. Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1220 Winchester
(If rural, give location)

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

3. (a) PRINT FULL NAME Billie Marie Langford

3. (b) If veteran, name war -- no

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased Feb. 8, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>2</u>	<u>21</u>	hr. min.

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

10. Usual occupation Child

11. Industry or business --

12. Name Wm. C. Langford

13. Birthplace K.C. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Viola Agnes Eaton

15. Birthplace K.C. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Langford

(b) Address 1220 Winchester, K.C. Mo.

17. (a) Burial (b) Date thereof May 3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem, Indep. Mo.

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 4-29-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29th
year 1943 hour 4:45 A.M. minute --- M.

21. I hereby certify that I attended the deceased from 3-12
1943 to 4-29 1943
that I last saw her alive on 4-29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem
Influenzal meningitis
Due to with thromboclastic perleant
epiduration at base of brain
Due internal hydrocephalus
Bronchopneumonia
Other conditions asthma
(Include conditions within 1 month of death)
Major findings: Dilatation of right heart
Passive congestion of
viscera
Of autopsy

Duration
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) (e) Means of injury ---

23. Signature John W. Perkins (M. D. or other) ---
Address Mercy Children's Hosp. Date signed 4-29-43

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.