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DOM-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20457
Registrar's No. 2503

JUN 24 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1508 East 51st Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether)
In this community 50 years, (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Mrs. Julia L. Lang,
(b) If veteran, name war NO. (c) Social Security No. NO.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife John T. Lang 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased September 1 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 1 hr. min.

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

10. Usual occupation at home, (State or foreign country)

11. Industry or business X

12. Name Lafayette Burdick

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

14. Maiden name Unknown, (State or foreign country)

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

16. (a) Informant L. J. Lang, (b) Address 1508 East 51st St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure, (b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 6-2-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1508 East 51st Street,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1943 hour 6:00 minute 0 a. M.
21. I hereby certify that I attended the deceased from Dec 19
1940 to June 2 1943
that I last saw her alive on April 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to 93E'
Due to pericarditis - silicon'
Other conditions (Include pregnancy within 3 months of death)

Major findings: no operations
Of autopsy no autopsy

PHYSICIAN
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 H. H. Valente (M. D. or other) 6/2/43
Address 1103 Grand Date signed _____

Dr. W. S. Valentine.

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..... *J. Edwin Sheppard*

Licensed Embalmer No. *4179*

P. O. Address *A. G. 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.