

FILED AUG 7 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 4183

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Pacific  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years years, months or days

3. (a) PRINT FULL NAME Kunigunda LANG

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Lang 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 10 - 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 4 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name unknown

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant's own signature J. Lang

(b) Address Pacific Mo

17. (a) Burial (b) Date thereof 7-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo

18. (a) Signature of funeral director Geo. L. Fisher  
(b) Address Pacific Mo

19. (a) 7/7/43 (b) Daniel K. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Pacific  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 25 years - 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1943 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 5<sup>th</sup> to July 5<sup>th</sup> 1943 that I last saw him alive on July 5<sup>th</sup> 1943 and that death occurred on the date and hour stated above.

Immediate cause of death APPROX 4 Duration 6 Days

Due to ✓

Due to ✓

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

Major findings: ✓  
Of operations \_\_\_\_\_  
Of 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)  
Means of injury \_\_\_\_\_

23. Signature Henry F. Barkling (M. D. or other) \_\_\_\_\_  
Address Pacific Mo. Date signed 7-7-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 1 x 1031

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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. L. Wheeler*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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, above space should be left blank.**