

FILED SEP 14 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months
(Specify whether years, months or days)
 In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 920 S. Jefferson St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Christina Langenbach

3. (b) If veteran, name war None 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 Frederick Langenbach 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 10, 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Fulton, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Christian Bacher

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Verona Sulzer

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Jones
 (b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Aug. 23, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Smith

(b) Address Mexico, Mo.

19. (a) Aug-23-1943 (b) Margaret A. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 21 day
 year 1943 hour 1:10 minute 45 P. M.

21. I hereby certify that I attended the deceased from March
 _____, 1943 to Aug _____, 1943

that I last saw her alive on Aug 21, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Right Kidney

Due to _____
 Due to _____

Other conditions: Atherosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy 52a

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) (b) Means of injury

23. Signature Frank J. Kelly (M. D. or other) MD
 Address Mexico, Mo. Date signed 8/24/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-43-1539

Date Filed SEP 10 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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.