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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3399**

FILED JAN 31 1943

Registration District No. **18**

Primary Registration District No. **4-283-5661**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County **Lewis**

(b) City or town **Burbano High Road**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1 J Lurg**
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John ALVA LANKFORD**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **APRIL 19 1909**
(Month) (Day) (Year)

8. AGE: Years **74** Months **7** Days **28** If less than one day hr. min.

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

10. Usual occupation **Retired farmer**

11. Industry or business _____

12. Name **Welford Lankford**

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

14. Maiden name **Lucinda Wright**

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

16. (a) Informant **Margaret Willows**

(b) Address **Ewing Missouri**

17. (a) **Burial** (b) Date thereof **12-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ewing, Mo**

18. (a) Signature of funeral director **Thomah Ball**

(b) Address **Ewing Mo**

19. (a) **12-28-43** (b) **P. H. Jennings, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27** year **1943** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Dec 19, 1943** to **Dec 27, 1943**; that I last saw him alive on **Dec 26, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **Dec 24**

Due to **Influenza** **Dec 19**

Due to **33A**

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

Major findings: Of operations **None**

Of autopsy **None**

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 **Perry J. Brockman** (Date or other) **DD**
Address **La Bille Mo.** Date signed **Dec 31**

98.1

(Licensed Embalmer's Statement on Reverse Side)

1943

JAN 3 1944

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 Thomas Ball

Licensed Embalmer No. 1744

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.