V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1944

Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24498

Primary Registration District No. 3017

Registrar's No. 91

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

27
1
2

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville Rural- 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. #3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Mrs. Nellie Minnie Langlotz

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Langlotz

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 13" (Day) 1900 (Year)

8. AGE: Years 44 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

FATHER
12. Name Joseph Volrath
13. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hurd
15. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Leathers
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27"/44 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) July 27-44 (Date received local registrar) (b) Dr Chas. Swap, (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25"
year 1944 hour 4 minute a.M.

21. I hereby certify that I attended the deceased from 7-3- 1944, to July 25 1944
that I last saw her alive on July 25 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 hr
Due to Hypertension	
Due to Toxemia Pregnancy (Gestation 5 mo)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

144 d

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature T. C. Beckett ind (M. D. or other)

Address Boonville Mo Date signed 7-27-44

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-2-44

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.