S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26892

State File No. 3374

FILED SEP 7 1944

Registration District No. 1449

Primary Registration District No. 1602

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Major Clinic 3100 Euclid
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 Ewing
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mr. Opal Langford

3. (b) If veteran, name war No

3. (c) Social Security No. 500-14-9566

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mrs. Iva Langford

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August 16, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	11	29	hr. min.

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

10. Usual occupation Druggist

11. Industry or business

FATHER
12. Name Arthur Langford
13. Birthplace Warrenton (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha Jone
15. Birthplace Warrenton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Iva Langford
(b) Address 1106 Ewing, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cemetery

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 8-16-44 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th
year 1944 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 21st, 1944, to Aug 15th, 1944
that I last saw him alive on Aug 15th, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	very Sudden
Due to Cerebral Thrombosis	7 hrs
Due to Very high hypertension	9 months
Other conditions (Include pregnancy within 3 months of death)	—

Major findings:
Of operations — 94a
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?
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Hermon S Major (M. D. or other)
Address 3100 Euclid ave K.C.Mo Date signed 8/15/44

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 194

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.....

Licensed Embalmer No.....

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.