S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1944

Registration District No. 136

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 38040

Registrar's No. 566

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 227 Walnut Ave.
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME William Everett Langley

3. (b) If veteran, name war no

3. (c) Social Security No. 174-01-5489

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Clara B. Langley

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept. 21, 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	1	hr. min.

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

10. Usual occupation Employe Keystone Driller Co.

11. Industry or business

FATHER
12. Name William P. Langley
13. Birthplace Maryland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Starns
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. E. Langley
(b) Address 227 Walnut. Ave, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 11-25-44 (Date received local registrar) (b) Gertrude Sneshoult (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. 22, day 1944
year hour 6-15 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 22, 19 , to , 19 ;
that I last saw him alive on Nov 22, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilat Bronchopneumonia	1 WK
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A L Crawford (M. D. or other)
Address Joplin Mo. Date signed 11-24-44

(Licensed Embalmer's Statement on Reverse Side)

B04

44-12-1014

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 Perry K. Hurebed

Licensed Embalmer No. 909

P. O. Address Joplin 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.