

FILED JAN 4 1945

Registration District No. **325 13 1**

Primary Registration District No. **4-7-9-6-4202**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County... **Grundy**
 (b) City or town... **Spickard**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... **30 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo.** (b) County... **Grundy**
 (c) City or town... **Spickard, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John Madison Lankford**

3. (b) If veteran, name war... **No** 3. (c) Social Security No. **No**

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

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

7. Birth date of deceased... **Nov 11 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76		29	hr. _____ min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name - **Ervin Lankford**

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

14. Maiden name **Rainey**

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

16. (a) Informant **Ralph O. Lankford**

(b) Address **Spickard, Mo.**

17. (a) **Burial** (b) Date thereof **12-12-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pine**

18. (a) Signature of funeral director **Martin Funeral Home**

(b) Address **Winchester, Mo.**

19. (a) **12-11-44** (b) **Juan Martin**
(Date received local registrar) (Registrar's Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10**
 year **1944** hour **9** minute **15** A.M.

21. I hereby certify that I attended the deceased from **December 1 1944** to **December 11 1944**
 that I last saw him alive on **Dec 9 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **bronchial asthma** Duration **10 days**

Due to _____
 Due to _____
 Other conditions **112**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
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? _____ Means of injury _____
 23. Signature **J. L. McClunhugh** M.D. or other **med**
 Address **Spickard, Mo.** Date signed **Dec 11 1944**

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

10/143/AF 0000

1 X37823

1177

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 H. Juan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, Md.

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.