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

FILED MAY 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12897

Registration District No. 38

Primary Registration District No. 5463 A

Registrar's No. 15

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

11802

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Straford
(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 (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Strafford 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Arby Jackson Langston

3. (b) If veteran, name war No

3. (c) Social Security No. Yes

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Alice

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

7. Birth date of deceased Aug (Month) 23 (Day) 1880 (Year)

8. AGE: Years 65 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Strafford Mo, (City, town, or county) (State or foreign country) 0

10. Usual occupation Hardware Clerk

11. Industry or business

FATHER
12. Name Jack P Langston
13. Birthplace Bowlinggreen Ky. (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Unknown
15. Birthplace Unkown (City, town, or county) (State or foreign country) 0

16. (a) Informant Alice Langston

(b) Address Strafford Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Danforth 4 29 1946

18. (a) Signature of funeral director J W Klingner & Co

(b) Address Springfield Mo.

19. (a) 4-29-46 (Date received local registrar) (b) Harry E. Grier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 4/27/46, 19 to 4/27, 1946 that I last saw h[redacted] Dead, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	?
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 R. H. Foehl (M. D. or other) M.D.

Address Strafford Mo Date signed 4/27/46

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(Licensed Embalmer's Statement on Reverse Side)

April 29

MAR 24 1947

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Fund.

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.