

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16731

FILED JUN 19 1946

Registration District No. 1976

Primary Registration District No. 1002

Registrar's No. 2358

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME Edward LANG

3. (b) If veteran, name war none 3. (c) Social Security No. 703-03-0824

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Della Lang 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 22 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>2</u>	hr. min.

9. Birthplace Rich Hill Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Rich Hill, Missouri

FATHER
MOTHER

12. Name Leo Lang

13. Birthplace New York New York 1
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Doering

15. Birthplace West Prussia Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Lang

(b) Address 1419 Pleasant View Ct., K.C.

17. (a) Burial (b) Date thereof 5-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill, Missouri

18. (a) Signature of funeral director Melody-McGilley-Eyl

(b) Address 1800 E. Linwood Blvd.

19. (a) 5-27-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 622 East 15th Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 7 minute 30 P.M.

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

Immediate cause of death Coronary sclerosis
Due to arterio sclerosis
Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy History of Jaundice

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Walker (M. D. or other) _____
Address 1424 27th Date signed 5-27-46

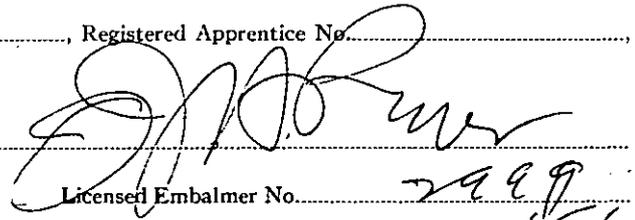
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
15613

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..... 2999

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.