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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. 29875
Registrar's No. 220

FILED SEP 23 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 17 Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Mankin State Mill 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Several Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 405 Walnut 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Wm Langwell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from 1 dead when received
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife June 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased. Unknown
(Month) (Day) (Year)

Immediate cause of death This man was almost decapitated by a circle saw which broke loose from its mooring and cut his body in two just below the throat. Duration _____

Due to _____

Due to _____

Other conditions fracture of skull
(Include pregnancy, if child's cause of death)

Major findings: fractured

8. AGE: Years 26 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation State Mill Employee

11. Industry or business Mankin State Mill

12. Name William Langwell

13. Birthplace Wright County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia Carter

15. Birthplace Wright County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elvia Langwell

(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 9-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston, Mo.

18. (a) Signature of funeral director Wm. W. W.

(b) Address 710 J. P. Davis Rd.

19. (a) 9-19-46 (b) R. G. Davis MD.
(Date received local Registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Of autopsy 176-1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-17-46

(c) Where did injury occur? Jefferson City Cole Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place (saw mill)
(Specify type of place) While at work? Yes (e) Means of injury circle saw

23. Signature J. P. Leslie Coroner (M. D. or other) _____
Address Jefferson City Mo Date signed 9-19-46

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

RECEIVED
District Health Officer No. 9,
District File Number 9-46-160
Date Filed 9-23-46

NOV 17 1946

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. 3641

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.