

FILED SEP 17 1946

Registration District No. **1476** Primary Registration District No. **3026**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Independence Sanitarium.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 Days.**
(Specify whether years, months or days)
 In this community **5 Years.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Inter-City District.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **113 North Overton.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **EVA MAY LANGFORD**
 (b) If veteran, name war **No.** (c) Social Security No. **None**
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Leonard C. Langford** 6. (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **November 26, 1897**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **28,** year **1946** hour **6** minute **20** A.M.
 21. I hereby certify that I attended the deceased from **1946** to **Aug 27,** 19**46**
 that I last saw **her** alive on **Aug 27,** and that death occurred on the date and hour stated above.
 Immediate cause of death **Carcinoma uterine**
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	48	9	2	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions **48B**
(Include pregnancy within 3 months of death)

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **House wife**
 11. Industry or business _____
 12. Name **Hiram Pinkerton**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Nellie Neal**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings: **Carcinoma uterine**
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant **Leonard C. Langford**
 (b) Address **113 North Overton**
 17. (a) **Cremation.** (b) Date thereof **Aug 30-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elwood Cemetery**
 18. (a) Signature of funeral director **Robert L. Taylor**
 (b) Address **Independence, Mo.**
 19. (a) **8-30-46** (b) **Gene R. Perry**
(Date received local registrar) (Registrar's signature)

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) (Means of injury)
 23. Signature **Gene R. Perry** (M. D. or other) _____
 Address _____ Date signed **8/29/46**

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

Dixon L. Kephly

Licensed Embalmer No. *4225*

P. O. Address *Indy, 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.