

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1946

Registration District No. 337

Primary Registration District No. 6146

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Shelby County
(b) City or town Leonard, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
Leonard, Mo Rural
(c) City or town _____ (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 Rebecca Cecilia Langhammer

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

4. Sex Female / 5. Color of race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife William Langhammer 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 2nd 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 27 hr. min.

9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name George W. Peoples

13. Birthplace Shelby county Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Glenn

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

16. (a) Informant William Langhammer

(b) Address Leonard, Mo.

17. (a) Burial (b) Date thereof 12-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael Cathloic

18. (a) Signature of funeral director. Million & Barkelew

(b) Address Shelbina, Mo.

19. (a) Dec 5-46 (b) Ruth Joynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1945 to Nov. 29 1946
that I last saw her alive on Nov. 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic carcinoma Duration 3 mo.

Due to Carcinoma Rt. Breast 3 yrs.

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Liver, Gall bladder + Portal Circulation
Of autopsy _____

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? centy.

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature AD Wright (M. D. or other)

Address Leonard Mo Date signed 12-2-46

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

MOTHER FATHER

MAY 26 1951

RECEIVED
District Health Officer No. 10
District File No. 12-16-2209
DEC 10 1946
Date Filed

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..... *C. W. Hawkins*

..... Licensed Embalmer No. *34498*

..... P. O. Address..... *Bellevue 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.