

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

1. PLACE OF DEATH:
(a) County Neola
(b) City or town Seneca
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Ottawa 999
(c) City or town Rural
(If outside city or town limits, write "RURAL") 34
(d) Street No. 1 1/2 miles N.W. Seneca mo
(If rural, give location) 5
(e) Citizen of foreign country? ✓ No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Max Lankford, Jr.
(b) If veteran, name war _____ (c) Social Security No. 492-28-3745

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 1
year 1947 hour 10:52 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on Feb 1 and that death occurred on the date and hour stated above. 1947
Immediate cause of death Broken neck
internal injuries

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Aug 15 1927
(Month) (Day) (Year)

Duration _____
Due to multiple fractures of legs and arms
Due to _____
Other conditions _____
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
19 5 16 hr. min.
9. Birthplace Ottawa Co. Oklahoma
(City, town, or county) (State or foreign country)

Major findings: 170 C 16
- Of operations 23
Of autopsy _____

10. Usual occupation Farming
11. Industry or business _____
12. Name William Perry Lankford
13. Birthplace Neola, Mo. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Floa Ann Beaver
15. Birthplace Ottawa Co. Oklahoma
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 43
(b) Date of occurrence February 1, 1947
(c) Where did injury occur? Seneca, Newton Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Grade Crossing Accident, Grade Crossing
While at work? no (Specify type of place) Auto struck by train
(e) Means of injury _____

16. (a) Informant W. P. Lankford
(b) Address Seneca, Rte 1
17. (a) Rural (b) Date thereof 2-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seneca Cemetery
18. (a) Signature of funeral director W. E. Biddlecome
(b) Address Seneca Mo
19. (a) 2-3-1947 (b) Mrs Nettie Morris
(Date received local registrar) (Registrar's signature)

23. Signature Barley Thompson (M. D. or other) 3
Address Seneca Mo. Date signed 7/3/47

RECEIVED

District Health Officer No. Newton

District File Number 247-25

Date Filed 2-11-47

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.