

FILED FEB 13 1947

Registration District No. **372**

Primary Registration District No. **4548**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Seymour Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Robert Allen Langley

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Sallie Langley 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: 5 (Month) 15 (Day) 1874 (Year)

8. AGE: Years 72 Months 7 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Ill. (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Langley 9
13. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9
14. Maiden name Sarah Williams
15. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9

16. (a) Informant Sallie Langley
(b) Address Seymour Mo.
17. (a) Burial (b) Date thereof 1 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senters Cemetery
18. (a) Signature of funeral director Keller, Small, Bergman
(b) Address Seymour Mo.
19. (a) Feb 6 - 47 (b) Hilbert Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 11/2
(c) City or town Seymour Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1947 hour 8 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Dec - 16 - 46
Jan - 7 to Jan - 6, 1947
that I last saw him alive on Jan - 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Cardiac Failure
Duration 6 hrs.

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

Major findings: 93K
Of operations _____
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?
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature A. J. Hill (M. D. or other) S.O.
Address Seymour Mo. Date signed 1/12/47

RECEIVED

District Health Officer No. 6,

District File Number 247-215

Date Filed FEB 11 1947

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Gardland 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.