S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7525

Registration District No. 323 — Primary Registration District No. 4474 1091 — Registrar's No. 7

1. PLACE OF DEATH:
(a) County: SALINE
(b) City or town: EMMA R 2
(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 years, months or days) In this community: 26 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: SALINE 97
(c) City or town: EMMA 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: FRIEDRICH LANGE
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: CAROLINE LANGE
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: JANUARY (Month) 18 (Day) 1864 (Year)

8. AGE: Years 83 | Months 0 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: BENTON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: FARMING
11. Industry or business ____
MOTHER FATHER
12. Name: JOHN LANGE 4
13. Birthplace: GERMANY (City, town, or county) ____ (State or foreign country)
14. Maiden name: ADELHEID KRENZER
15. Birthplace: GERMANY (City, town, or county) 4 (State or foreign country)
16. (a) Informant: BEN LANGE
(b) Address: CONCORDIA, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN 27 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: HOLY CROSS CEMETERY
18. (a) Signature of funeral director: E. S. JAMES
(b) Address: CONCORDIA, MO
19. (a) 1/26/47 (Date received local registrar) (b) Dolly Andrew (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 24 year 1947 hour 6 minute 08 P.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uric acid poisoning	1 day
Due to: Fracture of left neck of femur due to fall upon	
Due to: the floor	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: 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: 97
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: J. G. Freund M.D. (Coroner)
Address: Emma, Mo. Date signed 1/26/47

293 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 2
Date Filed 2-15-47

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.