

S. No. 2  
M-243  
7-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8183

State File No. \_\_\_\_\_

FILED APR 1 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
721 So. Fountain Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 months 13 days years, months or days)

3. (a) PRINT FULL NAME Mary Ann Langston

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 9th 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	5	13	hr. _____ min.
---	---	----	----------------

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles D. Langston

{ 13. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia West

{ 15. Birthplace Lumberton No. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. Charles D. Langston

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 3-23-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 3-27-1947 (b) C. G. Summers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 721 So. Fountain St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd  
year 1947 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 7:55 AM  
22 March 1947 to 9 AM March 22 1947  
that I last saw him alive on March 22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death SUFFOCATION

Due to Suffocated in Bed clothing

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1822

Of autopsy 114

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) accident 115

(b) Date of occurrence March 22, 1947

(c) Where did injury occur? CAPE GIRARDEAU, MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? NO (Specify type of place) (c) Means of injury ( )

23. Signature Edmond D Campbell (M.D. or other) M.D.  
Address Cape Girardeau, Mo Date signed 3-23-47

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

4 4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 347-449

Date Filed 3-31-47

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.