

FILED MAY 27 1947  
33

Registration District No. \_\_\_\_\_

Primary Registration District No. 3010

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Near Malden  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME JANICE LANGSTON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 12 1947  
(Month) (Day) (Year)

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

NO NO 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Malden Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business none

MOTHER FATHER

12. Name Raymond Langston

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

14. Maiden name Audrey Eskew

15. Birthplace Near Holcomb Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Langston

(b) Address Malden, Missouri

17. (a) Burial (b) Date thereof April 22, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Gilead Cemetery

18. (a) Signature of funeral director Thomas E. Smith

(b) Address Malden, Missouri

19. (a) 5-24-1947 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 / Day 21 / Year 1947  
hour \_\_\_\_\_ minute 4 P. M.

21. I hereby certify that I attended the deceased from 4/13, 1947 to 4/21, 1947  
that I last saw him live on 4/21, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Central Brain Injury

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions C 16  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature Chas. J. Hurlbut (M. D. or other) \_\_\_\_\_

Date signed 4/29/47

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

RECEIVED

Health Officer No. 4  
Permit File Number 547-743  
Date Filed 5-26-47

*[Handwritten signature]*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Parma, 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.