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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 991

FILED AUG 25 1947

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution St Joseph Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 404 So. 17th Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Laura Langford
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 14
year 1947 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from August 13 to Aug 14, 1947
that I last saw her alive on Aug 13 and that death occurred on the date and hour stated above.
Immediate cause of death: Uremia

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced, or marital status married
6. (b) Name of husband or wife George Langford
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 24 1878

8. AGE: Years 69 Months 3 Days 20

Due to Chronic nephritis
Due to Arterio sclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: 13 1B
Of operations: _____
Of autopsy: above

9. Birthplace Ottumwa Iowa

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Elizabeth Wilson

15. Birthplace Kirksville Mo

16. (a) Informant Mr. George Langford
(b) Address 404 So. 17th Street

17. (a) Burial (b) Date thereof 8-18-47
(c) Place: burial or crematory Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander
(b) Address St. Joseph, Mo

19. (a) 8-19-47 (b) Registrar's signature & to Jenkins

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? _____
(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 _____
Signature: Louis B. Newberry
Address: 875 Charles St.
Date signed: 8-19-47

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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address..... *St. Joseph, 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.