No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33315

State File No. 8

FILED OCT 11 1947

Registration District No. 3947

Primary Registration District No. 6076

Registrar's No. 2076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 110

(c) City or town Potosi 1
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME LANGFORD, Anthony R.

3. (b) If veteran, name war WW-2

3. (c) Social Security No. 490-14-4868

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 4 (Day) 1910 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	6	28	hr. min.

9. Birthplace Potosi, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Truck Driver

11. Industry or business Trucking

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Registrar

(b) Address Jefferson Barracks, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Missouri

18. (a) Signature of funeral director Boyer Funeral Home

(b) Address Potosi, Missouri

19. (a) 10-7-47 (Date received local registrar) (b) Cecil C. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd
year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 30, 1947, to Oct. 2, 1947;
that I last saw him alive on Oct. 2, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Endocarditis

Contr. cause: Congestive heart failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy See cause of death

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. E. Stilwell L.E. STILWELL, M.D.

Address Jefferson Barracks, Mo. Date signed 10/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1941

OCT 17 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 Howard Heggenbottom Registered Apprentice No. 53 - working under my personal supervision.

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi 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.