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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34209

State File No.

FILED OCT 27 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 866

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1601 East Olive Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)
 In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ELIZABETH LANGSFORD

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ernest Langsford 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased January 30, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 1 br. min.

9. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Makeing

12. Name John Bannester

13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

14. Maiden name Susanna (Unknown)

15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Langsford (Husband)
 (b) Address 1601 East Olive Street

17. (a) Burial (b) Date thereof 10/ 3/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of informant Alma Lohmeyer Funeral Home
Springfield, Missouri
 (b) Address 10-7-47 (b) M. S. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 24
 (c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 1601 East Olive Street 6
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1,
 year 1947 hour 9: minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 17, 1947 to Oct 1, 1947;
 that I last saw him alive on Oct 1, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to _____

Other conditions Confined to bed by function
(Include pregnancy within 9 months of death)

Major findings: ant
 Of operations _____
 Of autopsy _____

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 work) (c) Means of injury 0
 23. Signature A. H. Johnson (M. D. or other) _____
 Address 214 Randolph B. Date signed 10/4/47

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

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MOTHER FATHER

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.....

Lee Mason....., Registered Apprentice No. *477*.....
working under my personal supervision.

Signed *Jewell E. Wudke*.....

Licensed Embalmer No. *2831*.....

P. O. Address *P.O. Box 1515, S.S.S. Spring*

Missou

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.