

FILED NOV 18 1947

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

Primary Registration District No. **3020**

Registrar's No. **142**

1. PLACE OF DEATH:

(a) County **Franklin**  
 (b) City or town **Washington**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Francis Hosp.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 1/2 days**  
 (Specify whether years, months or days) **entire life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gascoigne**  
 (c) City or town **BLAND**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fritz Henry Lange**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Alvine Lange** 6. (c) Age of husband or wife if alive **74 years**  
 7. Birth date of deceased **NOV 6 1866**  
 (Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **26** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Gascoigne County Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

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

MOTHER, FATHER { 12. Name **Henry Lange**  
 13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Hiller**  
 15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alvin Jones**

(b) Address **Bland Mo.**

17. (a) **Burial** (b) Date thereof **NOV 4 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Bland Kweg. Cemetery**

18. (a) Signature of funeral director **Samuel Sevier**

(b) Address **Bland Mo.**

19. (a) **NOV 5 1947** (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **3** year **1947** hour **2** minute **45** A. M.

21. I hereby certify that I attended the deceased from **47** to **NOV 2 1947**  
 that I last saw him alive on **NOV 2 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**  
**Myocardial infarction**  
**Arteriosclerosis**

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

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

Major findings: **§ 3A**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury **0**

23. Signature **R. T. Jones** (M. D. or other) \_\_\_\_\_  
 Address **Washington Mo.** Date signed **NOV 4 1947**

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

26

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 12 1947

NOV 19 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Chas. Sassen  
Licensed Embalmer No. 4178  
P. O. Address Blanch

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.