S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44232

FILED JAN 20 1948
Registration District No. 189

Primary Registration District No. 5411

Registrar's No. 84

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town ~~Seymour~~ Ava, Rural Spencer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
*(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town ~~Seymour~~ Ava, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Sallie Wiles Langley
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Langley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 3, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	5	16	hr. min.

9. Birthplace --North Carolina / (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Henry Case
13. Birthplace ----North Carolina / (City, town, or county) (State or foreign country)
14. Maiden name ----Wilson
15. Birthplace North Carolina / (City, town, or county) (State or foreign country)
16. (a) Informant Adrain Wiles
(b) Address Route 3, Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Stillings
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Jan 7-48 (Date received local registrar) (b) Vestal Buchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1947 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from 12-15, 19 47, to 12-19, 19 47, that I last saw him alive on 12-19, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death — Pneumonia - Hypostatic — Duration 3 Days
Due to Obesity & Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death) Sustained a fall. Week Before
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged. (Illegible)

ADD SUPPLEMENTARY INFORMATION REQUESTED

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

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23. Signature M. C. Fenton (M. D. or ~~other~~)
Address Ava Mo Date signed 1-5-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 148-97
Date Filed JAN 17 1940

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 W. B. Hutchison

Licensed Embalmer No. 3437

P. O. Address Ona Fla

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.