-1/47
5-17-39

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

National Office of Vital Statistics
FILED MAR 3 1948

STANDARD CERTIFICATE OF DEATH

State File No. 7638

Registration District No. 1966 | Primary Registration District No. 4536 | Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Washington
(b) City or town: Potosi, Missouri
(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: 78 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Washington 110
(c) City or town: Potosi, Missouri 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: J. John Edward Langford
3. (b) If veteran, name war: NONE.
3. (c) Social Security No. 487-30-5487
4. Sex: male 2
5. Color or race: colored
6. (a) Single, married, widowed, divorced: widowed 2
6. (b) Name of husband or wife: ~~Maggie Langford~~
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 5 (Day) 1870 (Year)

8. AGE: Years 78 | Months 0 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Potosi, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business .....

FATHER
12. Name: Anderson Langford 0
13. Birthplace: unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace ..... (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Jennie Carson
(b) Address: Potosi, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 25 1948 (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) 2/24/48 (Date received local registrar) (b) Herbert Kindall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22 year 1948 hour 8:00 minute P.M.
21. I hereby certify that I attended the deceased from 12-20-47 19.47 to 2-18 19.48 that I last saw him alive on 2-18 19.48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 in ..... (e) Means of injury .....
23. Signature: Edward W. Baker Jr. (M. D. or other) DO
Address: Potosi, Mo Date signed 2-24-48

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

RECEIVED
District Health Officer No. 4
District File Number 348-308
Date Filed 3-2-48

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 C. Higginbotham, Registered Apprentice No. 53, working under my personal supervision.

Signed: Marvin H. 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.