

S. No. 300
M-10-47
y. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8785
Registrar's No. 1113

FILED MAR 20 1948
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 8
(d) Street No 2413 Park Avenue
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Langley
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7th
year 1948 hour 4 minute 05 P.M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wade Langley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7 Feb - 3rd
1948 to March 5, 1948
that I last saw her alive on March 5, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Leukemia Duration _____

8. AGE: Years 55 Months 9 Days 19
If less than one day. hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Pine Bluff, Ark.
(City, town, or county) (State or foreign country)

Other conditions Enlarged Spleen
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 742

10. Usual occupation Presser

11. Industry or business _____
12. Name Aunnie Nelson
13. Birthplace Unknown
(City, town, or county) (State or foreign country) 9
14. Maiden name Mollie Brown
15. Birthplace Pine Bluff, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Jackson
(b) Address 1304 W. Roosevelt, Little Rock
17. (a) Burial (b) Date thereof 3/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

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 place) (e) Means of injury _____

18. (a) Signature of funeral director Thelma Jones
(b) Address 1729 Lydia Ave.
19. (a) 3-11-48 (b) Thelma Jones
(Date received local registrar) (Registrar's signature)

23. Signature L. V. Miller (M. D. or other) 3/10/48
Address 1203 Page Date signed _____

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 *J Jerome Manfau*

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

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.