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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 9401

FILED MAR 29 1948

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 111

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital 0 (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: Montgomery 70

(c) City or town: Buell 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Sarah Ellen Lankford

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female 1

5. Color or race: White 1

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charles H. Langford

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: August 2, 1878 (Month) (Day) (Year)

8. AGE: Years 69 | Months 7 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Montgomery County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: XX

MOTHER FATHER

12. Name: Joseph Sheet

13. Birthplace: No record (City, town, or county) 9 (State or foreign country)

14. Maiden name: No record

15. Birthplace: No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Chester Wilson

(b) Address: Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/26/1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Montgomery City Missouri

18. (a) Signature of funeral director: W. Crawford Smith

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 3-24-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from 7-8, 1947, to 3-23, 1948; that I last saw her alive on 3-23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 weeks
Due to: Hypertensive Heart	?
Due to: Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: 935

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? ..... (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)

Address: Hannibal, Mo. Date signed: 3-24-48

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

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 John S. Ward, Registered Apprentice No. 25, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.