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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20048

State File No. _____

Registration District No. 180

Primary Registration District No. 4292

Registrar's No. 63

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town RURAL - MONROE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 MILES EAST OF WINFIELD!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57
(c) City or town WINFIELD
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

8. (a) PRINT FULL NAME Harvey Langford
8. (b) If veteran, name war _____ 3. (c) Social Security? No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28
year 1948 Hour about 11 minute 30 A. M.

4. Sex Male 5. Color or race w
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife BERNICE LANGFORD
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased SEPT 9 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15
1948 to June 28, 1948
that I last saw him alive on June 15, 1948
and that death occurred on the 28 day and hour stated above.

8. AGE: Years 74 Months 9 Days 19
If less than one day hr. _____ min. _____

Immediate cause of death:
Massive cerebral hemorrhage

9. Birthplace Foley Mo.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation CARPENTER

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name JOSHUA LANGFORD
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name EMILY PALMER
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant WIFE
(b) Address WINFIELD, MO.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 2
(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? _____

17. (a) BURIAL (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CORINTH - FOLEY, MO.

While at work? _____ (Specify type of place)
(e) Means of injury 2

18. (a) Signature of funeral director [Signature]
(b) Address Edsberry, Mo.
19. (a) 7-1-48 (b) B.S. Neundert
(Date received local registrar) (Registrar's signature) 163

23. Signature Dr. H. J. Kelley (M. D. or other) D.O.
Address Winfield, Mo. Date signed 7-28-48

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

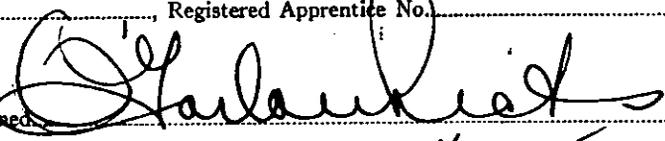
RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 1948

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 

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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, above space should be left blank.