

FILED SEP 1 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25346

State File No.

Registration District No. 1

Primary Registration District No. 5005

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Near Millard Airport 2 Mi. West  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MABEL LENGE

3. (b) If veteran, name war X  
3. (c) Social Security No. X

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anthony J. Lenge  
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 13 1899  
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 1  
If less than one day hr. min.

9. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {  
12. Name William Rogers  
13. Birthplace New Hartford Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Lula Virginia Callaway  
15. Birthplace Danville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Long, (Sister)  
(b) Address #641 Tracy, Kansas City, Mo.

17. (a) Removal (b) Date thereof 8/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary R. C. Ch.

18. (a) Signature of funeral director James J. ...

(b) Address Perksville Mo.

19. (a) 8-25-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 ND AND HOLMES  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14  
year 1948 hour 4 minute 20 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death ACCIDENTALY KILLED IN AIRPLANE CRASH

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 173 34

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT  
(b) Date of occurrence AUGUST 14, 1948  
(c) Where did injury occur 2 MI. WEST MILLARD - ADAIR - MO.  
(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)  
(c) Means of injury 3

23. Signature Forster W. Easley (M. D. or other) CORNER  
Address BRASHEAR MO Date signed 8/14/48

056127 NOV 1953

MAR 26 1953

RECEIVED

JUN 25 1953

RECEIVED  
District Health Officer No. 10  
District File Number 8-48-153  
Job Filed AUG 31 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 ~~\_\_\_\_\_~~

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence W. Bill

Licensed Embalmer No. 4375

P. O. Address Kirksville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.