No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25856

Registration District No. 96 Primary Registration District No. 5353 Registrar's No. 67

1. PLACE OF DEATH

(a) County DALLAS

(b) City or town MARCH "RURAL"
(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
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DALLAS 30

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

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

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE WASHINGTON LINGENFELTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWDED

6. (b) Name of husband or wife

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

7. Birth date of deceased AUG. (Month) 18 (Day) 1861 (Year)

8. AGE: Years 87 Months Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name Phillip Lingenfelter
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant DAVID LINGENFELTER
(b) Address ELKLAND, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Center Point

18. (a) Signature of funeral director [illegible]
(b) Address Buffalo Mo.

19. (a) 9/4/48 (Date received local registrar) (b) Mrs J. B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1948 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from Aug 16, 1948, to Aug 30, 1948 that I last saw him alive on Aug 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate Gland & Urinary Tract

Due to Chronic Prostatitis DK

Due to DK

Other conditions Age
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN

Underline the cause to 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

23. Signature G. C. Chemmer (M. D. or other) MD

Address Buffalo Mo. Date signed 9-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1025
Date Filed 9-8-48

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, Mo.

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

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