

No. 300
-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3500**

FILED SEP 4 1948
Registration District No. 149

Primary Registration District No. 7002

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether _____)

In this community 15 years (years, months or days)

3. (a) PRINT FULL NAME Arthur W. Lang

3. (b) If veteran, name war No

3. (c) Social Security No. 495-03-0620

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Elizabeth Lang

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August 1st, 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Manager, Warehouse

11. Industry or business Johnson Bronze Co.

12. Name George Lang

13. Birthplace Germany IL
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany IL
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Elizabeth Lang

(b) Address 6003 Cherry

17. (c) Burial (b) Date thereof 8-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 8-27-48 (b) Heraldine Holmes
(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. 6003 Cherry
(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 26th.
year 1948 hour 3 ⁰⁰ minute P. M.

21. I hereby certify that I attended the deceased from Aug 19
1948 to Aug 26, 1948

that I last saw him alive on Aug 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
acute
arteriosclerosis

Duration 7 days
6 yrs.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy § 30

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 John K. Caldwell (M. D. or other) MD
Address 1036 Arroyo Kansas City Mo. Date signed 8/27/48

St. Louis, Mo.

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

Elmer C. Wadkins

Licensed Embalmer No. *3495*

P. O. Address *N. C. 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, fact should be so stated above.