

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27971

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY St. Charles <i>0920</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Femme Osage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Femme Osage <i>0920</i>	
c. LENGTH OF STAY (in this place) 30 years		d. STREET ADDRESS (If rural, give location) Near-Defiance Mo. <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Defiance, Mo			

3. NAME OF DECEASED (Type or Print) Margaret Langkopf			4. DATE OF DEATH July 24 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH August 29, 1866		9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months 10 Days 25	11. HOURS & MIN. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY farm Home		11. BIRTHPLACE (State or foreign country) Missouri <i>0</i>
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Frederick Kraft		13b. MOTHER'S MAIDEN NAME Christine Kippel		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Edwin Becker ADDRESS Defiance, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		DUPLICATE OF (b) General arterio sclerosis			10 years
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) Fracture of left hip			15 years
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					10 weeks

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221 F		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 4 1951 10 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? face to the floor in her bedroom	

22. I hereby certify that I attended the deceased from **Mar 1, 1941**, to **July 24, 1951**, that I last saw the deceased alive on **July 11, 1951**, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Wm Marshallville Mo		23c. DATE SIGNED 7-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/26/51		24c. NAME OF CEMETERY OR CREMATORY Femme Osage Evangelical	
24d. LOCATION (City, town, or county) (State) Femme Osage Missouri					

DATE REC'D BY LOCAL REG. Aug 13, 1951		REGISTRAR'S SIGNATURE Mrs Violet K. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Morris Muschany ADDRESS Wentzville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 17 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Howard O. Kemler

Licensed Embalmer No. 4631

P. O. Address: Wentzville, 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.