

FILLED JUN 16 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. 1)

Registration District No. 347
Primary Registration District No. 3018

File No. 1794157
Registered No. 1
St. 2 Ward

2. FULL NAME

Henry A. Langhammer
(a) Residence, No. Clinton M.O.R.R. Ward 6
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1899</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>3-26-1941</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 26th, 1941, to May 26th, 1941.

I last saw him alive on May 26th, 1941. Death is said

to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

Self destruction by a 12 gauge duck gun which struck that gun with his own hand by firing a load of shot into his brain.

Other contributory causes of importance:

Name of operation None Date of 104

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide suicide Date of injury May 26, 1941

Where did injury occur at home

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shot gun wound, penetrating

Nature of injury shot gun wound, penetrating

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) H. D. Freeman M. D.

312 address 208 S. Weber St., Clinton, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware Co</u> <u>Pa</u>
	13. NAME <u>Joseph Langhammer</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Otilia Fisher</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Albert Langhammer</u> (ADDRESS) <u>Clinton, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Congwood</u> DATE <u>19</u>
	19. UNDERTAKER <u>Fred C. Williamson</u> (ADDRESS) <u>Clinton, Mo</u>
	20. FILED <u>5-31-</u> , 19 <u>41</u> <u>W.D. J. R. Houghton</u> Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Court Circuit No. 7,

District No. 6-41-1040

Date Filed 6-13-41