

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27232**

Registration District No. **137**

FILED SEP 11 1942
Primary Registration District No. **3023**

Registrar's No. **170**

42
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Clinic**
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether
In this community **since 1911**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 42**
(c) City or town **Clinton**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Joseph Langhammer**

3. (b) If veteran, name war **L** 3. (c) Social Security No. **V**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Mar**

6. (b) Name of husband or wife **Atelligan** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **Jan 22 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **2** If less than one day hr. min.

9. Birthplace **Carlsplatz, Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John Langhammer**

13. Birthplace **Austria 7 4**
(City, town, or county) (State, foreign country)

14. Maiden name **Theresa Frank**

15. Birthplace **Austria 7 4**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Albert Langhammer**

(b) Address **Clinton, Mo**

17. (a) **Burial** (b) Date thereof **Aug 26-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Paul J. Carr**

(b) Address **Clinton, Missouri**

19. (a) **August 25, 1942** (b) **Georgia Kitchen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **28th** day **Aug**
year **1942** hour minute M.

21. I hereby certify that I attended the deceased from **Aug 16**
19**42**, to **Aug 24**, 19**42**
that I last saw him alive on **Aug 24**, 19**42**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate
necrosis**

Due to

Due to **518**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **J. B. ...** (M. D. or other)

Address **Clinton, Mo** Date signed **8-24-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number 9-42-999
Date Filed 9-10-42,

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 Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address Clinton 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.