

FILED APR 14 1943
Registration District No. 137

Primary Registration District No. 3023

State File No.

Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Henry Clinton
(b) City or town: Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If other hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 58 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Edg M Langerhans
3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: F 5. Color or race: W
6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife: Wm Langerhans 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 5 10 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace: Jefferson City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER }
12. Name: Fred Fisher
13. Birthplace: Germany
(City, town, or county) (State or foreign country)
14. Maiden name: Sophia Andrea
15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ester Berry
(b) Address: Clinton Mo

17. (a) Burial (b) Date thereof: 3 12 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood cem

18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Clinton Mo

19. (a) March 10 1943 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry
(c) City or town: Clinton
(If outside city or town limits, write "RURAL")
(d) Street No.: Wetzel Hospital N. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9 year 1943 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 28 1943 to Mar 9 1943; that I last saw her alive on Mar 9 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary following Coronary thrombosis
Due to: arteriosclerosis + indurated arteries
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury: _____

23. Signature: Luis S. [Signature] Date signed: 3/10/43
Address: _____

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

RECEIVED

District Health Officer No. 7,

District File Number 3-43-100

Date Filed 4-12-43

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

Fred Wilkerson, Registered Apprentice No. 341
working under my personal supervision.

Signed Fred Wilkerson

Licensed Embalmer No. 2478

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.