

No. 2
-5-43
-17-39
X36671

FILED OCT 11 1948

State File No. _____

Registration District No. 87

Primary Registration District No. 4218

Registrar's No. 184

1. PLACE OF DEATH: Henry

(a) County Windsor

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 609 W. Jackson St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 421

(c) City or town Windsor, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 609 W. Jackson 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Luther R. Langston

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mrytle Stickrod

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 26, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>11</u>	<u>26</u>	hr. min.

9. Birthplace Knobnoster, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Rt. Shoemaker

11. Industry or business Shoe factory

MOTHER FATHER

12. Name Unknown 19

13. Birthplace _____ (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace _____ (State or foreign country)

16. (a) Informant Mrs. Luther Langston

(b) Address Windsor, Missouri

17. (a) burial (b) Date thereof Sept. 23, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director E. R. Keston

(b) Address Windsor, Missouri

19. (a) 10-2-46 (b) R. R. Kermey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 21,
year 1946 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1941
_____, 1941, to Sept 21, 1946
that I last saw him alive on Sept 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchectasis Duration _____

Due to _____

Due to _____

Other conditions Cardiac Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 106B

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 _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 9-23-46

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

120

46

RE
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Date Filed

9-46-1015
10-9-46

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..... *E. M. - [Signature]*

Licensed Embalmer No. 3391

P. O. Address. Windsor, 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.