

FILED MAY 29 1944  
Registration District No. 176

Primary Registration District No. 3638

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Laurence  
(b) City or town Rural--Vineyard Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 1, LaRussell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 79 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Langston

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eliza J. Langston  
6. (c) Age of husband or wife if alive 11 years  
1862 (Day) (Year)

7. Birth date of deceased August (Month) 1862 (Year)

8. AGE: Years 81 Months 8 Days 18  
If less than one day hr. min.

9. Birthplace Jasper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER { 12. Name William Carroll Langston  
13. Birthplace Knoxville Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Miherva White  
15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Delia Langston  
(b) Address Route 1, LaRussell, Mo.

17. (a) Burial (b) Date thereof May 3, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Langston Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri

19. (a) May 6 - 44 (b) Anna Whitney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1, LaRussell  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: - - - 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19  
year 1944 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Nov. 18, 1942, to Apr. 19, 1944,  
that I last saw him alive on Apr. 09, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to chronic bronchitis  
arterio sclerosis

Due to Arthritis

Other conditions: 112  
(Include pregnancy within 3 months of death)

Major findings: 112  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration  
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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_  
23. Signature A. H. Hester (M. D. or other)  
Address Carthage Mo Date signed May 1, 1944

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

1182

RECEIVED

District Health Officer No. 8,

District File Number

544-626

Date Filed

MAY 24 1944

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.....

*Samuel R. Knell*

Licensed Embalmer No.....

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P. O. Address.....

*Carthage*

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.