

Registration District No. 53

Primary Registration District No. 5186

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Egypt Mills Rural, Randol  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Randol Township Egypt Mills Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not in Hospital  
In this community 77yrs 2mos. 9 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girard.  
(c) City or town Egypt Mills Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Randol Township  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry William Lange

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

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

6. (b) Name of husband or wife Mary Lange 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 1 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Egypt Mills Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Lange

13. Birthplace Germany  
(State or foreign country)

14. Maiden name Wilhelmina Hengst

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Lange  
(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Feb. 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egypt Mills Lutheran Cemetery

18. (a) Signature of funeral director J. L. ...  
(b) Address Cape Girardeau, Mo.

19. (a) 2-10-1947 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9  
year 1947 hour 4 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 27 JANUARY, 1947 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on 27 JANUARY, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, chronic, 1 yr with myocardial failure - 2 weeks  
Due to Arteriosclerosis

Due to Senility

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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature Steth A. Barnes (M. D. or other) \_\_\_\_\_  
Address 630 FORD HOPE ST Date signed 10 FEB 1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16  
00

44

APR 5 1948

RECEIVED

District Health Officer No. 4  
District File Number 247-228  
Date Filed 2-17-47

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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.....

*C. J. Lovberg*  
Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.