

S. No. 300
DM - 10-47
Rev. 5-17-39
I 3906

29689

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

3626

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether years, months or days)

In this community 2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 346 Spruce
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Baby Langlose

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1948 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from 9/15/48 to 9/25/48

that I last saw him alive on 9/15/48 and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 4 1948
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to atelectasis Lung

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years X Months X Days X If less than one day 2 hr. min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Andrew Cangelose

13. Birthplace Hammond La.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia DeChapuis

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

Major findings: 75

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Andrew Cangelose

(b) Address 346 Spruce Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Burial - Cemetery

18. (a) Signature of funeral director Raymond Bris

(b) Address 12 C mo

19. (a) 9-6-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

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) Means of injury 0

23. Signature D. A. Daniel (M. D. or other) _____

Address 103 Spruce Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.