

RECD APR 24 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11398

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477
 (b) Township Dickerson Primary Registration District No. 5646
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 526 Annie Katherine Bangart

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillipp Bangart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10, 1841
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
97 3 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Carle Germany
 (STATE OR COUNTRY) 6

13. NAME ----- Warner 6

14. BIRTHPLACE (CITY OR TOWN) Germany 9
 (STATE OR COUNTRY)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY)

17. INFORMANT Mrs Cora Vanmeter
 (ADDRESS) Lewistown, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Bangart Cem. Lewis Co. March 5, 1939
 PLACE DATE

19. FUNERAL DIRECTOR James Aloder
 (ADDRESS) Lewistown, Missouri.

20. FILED 3/3 1939 H. W. Harris M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 27, 1939, to March 3, 1939

I last saw her alive on March 2, 1939. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Labialis

Date of onset
Feb 27

Other contributory causes of importance:

Senility

None

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harry L. M. Grochen D.O.

Lewistown Mo. (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-39-574

Date Filed APR 14 1939

STATEMENT BY LICENSED EMBALMER

I, James A. Coder

Licensed Embalmer No. 2532

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed James A. Coder

Licensed Embalmer No. 2532

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.)