

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

0370 JUL 14 1939

21972

Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township _____ Primary Registration District No. 4164
(c) City Salem (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 Mrs Anna Rush Bangert

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Bangert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
65 7 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) (STATE OR COUNTRY) Salem Mo

13. NAME James M Orchard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co Mo

15. MAIDEN NAME Martha E Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Tenn

17. INFORMANT (ADDRESS) James M Bangert Salem - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Cemetery 6/4/39

19. FUNERAL DIRECTOR (ADDRESS) Carl K Spencer Salem Mo

20. FILED June 3 1939 F. E. Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1939

22. I HEREBY CERTIFY That I attended deceased from February 21 1935 to June 2 1939

I last saw him alive on June 1 1939. Death is said to have occurred on the date stated above, at 7:25 P.M.

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

Coronary Arteriosclerosis

Chronic Bronchitis

Other contributory causes of importance:

None

Name of operation None Date of _____

What test confirmed diagnosis? Chronic Bronchitis Where 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 F. E. Butler (Signed) Salem Missouri (Address)

STATEMENT BY LICENSED EMBALMER

I, Wm. W. McDonald, Licensed Embalmer No. 3806

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wm. W. McDonald
Licensed Embalmer No. 3806

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.)