

JUL 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22924

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 1668
 (b) Township Sedalia Primary Registration District No. 3833 Registered No. 191
 (c) City Sedalia (d) Street No. Bothwell Hospital St.
 (If death occurred in Hospital or Institution, give its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 560 Dale Arthur Bane St. Otterville, Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1932
 7. AGE YEARS 6 MONTHS 5 DAYS 18 If LESS than 1 day, ... hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) Otterville, Mo.
 13. NAME Loran Ardie Bane
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville, Mo.
 15. MAIDEN NAME Ruth Thelma Starke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton, Mo.
 17. INFORMANT (ADDRESS) Ardie Bane
Otterville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville, Mo. DATE 6-11-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Service
Otterville, Mo.
 20. FILED 6-11-39 Mrs. Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-39
 22. I HEREBY CERTIFY, That I attended deceased from 6-9-39 to 6-10-39, 1939
 I last saw him alive on 6-9-39, 1939. Death is said to have occurred on the date stated above, at 9:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Rifle shot Caliber
bullet entered left
side below heart & hit
right side during
spinal cord - fracture
lung
 Date of onset 6-9-39
 Other contributory causes of importance: 194
removal bullet
 Name of operation removal bullet Date of 6/9/39
 What test confirmed diagnosis? X-ray Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 6/9/39
 Where did injury occur? 2 miles south of Otterville, Mo.
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury bullet 22 rifle pick up truck
 Nature of injury gunshot
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Fugle, M. D.
 (Address) Otterville, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/3/39

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.....

working under my personal supervision.

myself.

....., Registered Apprentice No.

Signed.....

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Otterville, 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, above space should be left blank.