

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26573
Registrar's No. 79

Registration District No. 906

Primary Registration District No. 45-47

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.

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Hartsville Hartsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____ years, months or days) (Specify whether _____)

3. (a) PRINT FULL NAME EMELESE BANE 507
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife MV BANE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 2 1845
(Month) (Day) (Year)

8. AGE: Years 95 Months 4 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Barboursville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name WM RAINES

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs Lucy Ryan

(b) Address Hartsville Mo

17. (a) Buried (b) Date thereof June 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartsville Cem

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartsville Mo

19. (a) 7-30-40 (b) Calla Clayton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wright
(c) City or town Hartsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June 17 day _____
year 1940 hour 6:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from June 1
1940, to June 17, 1940;
that I last saw her alive on June 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration 2 yrs

Due to _____

Due to _____

Other conditions None
(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? _____

9-11-40 (Specify type of place) (a) Means of injury _____

23. Signature J.R. Mott (M. D. or other) _____

Address Hartsville Mo Date signed 7-25-40

PHYSICIAN
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 6

District File Number 940-2473

Date Filed AUG 15 1940

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.