

No. 2  
-13-40  
17-39  
X23159

JAN 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42221**

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **342**

1. PLACE OF DEATH:

(a) County **Cole**

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

(c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)

In this community **28 years**

3. (a) PRINT FULL NAME **Mrs. Elizabeth Rank**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Chas Rank**

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

7. Birth date of deceased **November 14 1860**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>89</b>	<b>1</b>	<b>9</b>	hr. _____ min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **II**

12. Name **Not Known**

13. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

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

16. (a) Informant **John H Rank**

(b) Address **Jefferson City, Missouri**

17. (a) **Burial** (b) Date thereof **Dec-25-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **River View Cemetery**

18. (a) Signature of funeral director **Thor J. Gordon**

(b) Address **Jefferson City, Missouri**

19. (a) **12-27-40** (b) **Dr. Besford M. S.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

(c) City or town **Jefferson City, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **812 Jackson Street**  
(If rural, give location)

**0**

(e) If foreign born, how long in U. S. A.? **66** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **23** year **1940** hour **7** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **12-22**, 1940, to **12-23**, 1940, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Due to **Comp. fracture of tibia of right leg & lacerations**

Due to **injuries caused by fall in home**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations **1860**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **12-22-40**

(c) Where did injury occur? **Jefferson City Cole Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

(Specify type of place) While at work? **no** (c) Means of injury **Fall**

23. Signature **D. Gilkham** (M. D. or other) **12-22-40**

Address **Jefferson City Mo** Date signed **12-22-40**

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

6  
3  
5

DEC 18 1953

**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 *Shirley J. Gordon*  
Licensed Embalmer No. *1786*  
P. O. Address *Jefferson City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.