No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18263

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 69

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

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)

In this community: 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby 102

(c) City or town: Clarence (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Herman Bernard Bange

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: Dec. (Month) 31 (Day) 1890 (Year)

8. AGE: Years 50 Months 4 Days 10 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Herman Bange

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

MOTHER 14. Maiden name: Caroline Bremmer

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

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Clarence Mo

18. (a) Signature of funeral director: Mellon & Burkhart

(b) Address: Clarence Mo

19. (a) 5-10-41 (Date received local registrar) (b) [illegible] (Registrar's number)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1941 hour 3:40 minute A M.

21. I hereby certify that I attended the deceased from April 29, 1941 to May 10th, 1941; that I last saw him alive on May 9, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	About 4 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) M. D.

Address: Mt Vernon Mo Date signed 5/12/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-877
Date Filed JUN 6 1949

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 Million & Barkelew, Registered Apprentice No. ~~136~~ working under my personal supervision.

Signed M. E. Million

Licensed Embalmer No. 136

P. O. Address Clarence M

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

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