

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21040

State File No. _____

Registrar's No. 20

FILED JUL 20 1942
Registration District No. 266

Primary Registration District No. 4164

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community most of his life years, months or days)

3. (a) PRINT FULL NAME Louis Bangert

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race W 6. (a) Single, widowed, married widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16 1862
(Month) (Day) (Year)

8. AGE: 79 Years 11 Months 9 Days If less than one day hr. _____ min. _____

9. Birthplace Iron Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation railroad worker

11. Industry or business _____

MOTHER FATHER { 12. Name August Bangert
13. Birthplace X Maryland
14. Maiden name Henrietta Y. Marks
15. Birthplace Utica N Y
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. A. Bangert
(b) Address Salem Mo

17. (a) Burial (b) Date thereof Mar 27/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove Cem.

18. (a) Signature of funeral director W. H. H. H.
(b) Address _____

19. (a) 3-26-42 (b) J. D. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
(c) City or town Salem
(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. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1942 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from 2-17-42, 19____, to 3-25-42, 19____;
that I last saw him alive on 3-22-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: hepatic carcinoma
Due to prostatic carcinoma
Due to _____

Other conditions 51 f.
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature J. D. H. H. (M. D. or other) D.O.
Address Salem, Mo Date signed 3-26-42

RECEIVED

District Health Officer No. 5,

District File Number 442213

Date Filed 7.12-42

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 Tom W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.