

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

38384

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 19 1942

Registration District No. 373

Primary Registration District No. 6219

Registrar's No. 43

112  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural-Ozark township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X /  
(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 Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Russaw Bangston

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25  
year 1942 hour \_\_\_\_\_ minute 2 p.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

Immediate cause of death Died un-attended

Duration \_\_\_\_\_

8. AGE: Years 104 Months X Days X If less than one day X hr. X min.

Due to Arteriosclerosis

Due to Hypertension

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

Major findings: 167

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

10. Usual occupation None

11. Industry or business X

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant County records

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof 10-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial on property Marshfield

18. (a) Signature of funeral director Tex Finney

(b) Address Marshfield, Missouri

19. (a) 11/4/42 (b) J. M. Brown  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature J. M. Brown (M. D. or other) \_\_\_\_\_  
Address Marshfield Mo Date signed 11/24/42

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

RECEIVED

District Health Officer No. 6,

District File Number 1142-1635

Date Filed NOV 16 1942

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 Lex Lantry  
Licensed Embalmer No. 3312  
P. O. Address Marshfield, 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, fact should be so stated above.