

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10300

FILED APR 8 1943  
Registration District No. 1217

Primary Registration District No. 5495

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County Harrison  
(b) City or town Rural - Trail 4. Imp  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Harrison  
(c) City or town Ridgeway  
(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.

3. (a) PRINT FULL NAME Martha Bane  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 24 day March  
year 1943 hour \_\_\_\_\_ minute 10A M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William Bane 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. 2 2 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 26 1943 to March 28 1943  
that I last saw her alive on March 28 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
71 1 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Broncho Pneumonia  
Due to Profetio Mellitus 9 yr  
Due to \_\_\_\_\_

9. Birthplace Mt. Moriah Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 61  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Theodore Hancock  
13. Birthplace Mt. Moriah Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucinda Melton  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Cletis Bane  
(b) Address Ridgeway Mo.  
17. (a) Burial (b) Date thereof 3 30 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Mt. Moriah No.  
18. (a) Signature of funeral director J. M. Chambers  
(b) Address Mt. Moriah No.  
19. (a) 4-1-1943 (b) S. P. S. Law  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 3  
23. Signature [Signature] (M. D. or other) mal  
Address [Address] Date signed 3/27/43

**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 *J. M. Chamber*

Licensed Embalmer No. *2109*

P. O. Address *Mt. Mariah 5th*

**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.**