U. S. No. 2
M—9-4-41
5-17-39
I X29484

57
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18285

State File No.

FILED JUN 11 1943

Registration District No. 181

Primary Registration District No. 5675

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Elmwood Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Linn 57
(c) City or town Elmwood Rural 0
(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 0

3. (a) PRINT FULL NAME Valentine Bange
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. (Month) 18 (Day) 1900 (Year)

8. AGE: Years 42 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Chariton Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Joseph L Bange
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Buenaventura Tenguen
15. Birthplace Quincy Ill (City, town, or county) (State or foreign country)

16. (a) Informant Edward Bange
(b) Address Elmwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 20 43 (Month) (Day) (Year)
(c) Place: burial or cremation Troy Mo

18. (a) Signature of funeral director [redacted]
(b) Address Elmwood Mo

19. (a) May 8 1943 (Date received local registrar) (b) G. H. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 1942, to April 17, 1943;
that I last saw him alive on April 15 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left lung	8 Mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): H T	
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 Dr Richard F. Welborn (M. D. or other) DD
Address Elmwood Mo. Date signed 6/17/43

1113

(Licensed Embalmer's Statement on Reverse Side)

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 W. D. Bradley

Licensed Embalmer No. 3946

P. O. Address Eldorado 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.