S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23448

State File No.

FILED JUL 21 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 753

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether

In this community 34 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 103 No 17th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mable Bangerter

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug (Month) 19 (Day) 1905 (Year)

8. AGE: Years 39 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife & Laundry Emp.

11. Industry or business

FATHER
12. Name Wm Riley Canady
13. Birthplace Stanberry (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ida Ducksberry
15. Birthplace Gentry Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Chas. Bangerter

(b) Address St Joseph Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 7-9-45 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 6 year 1945 hour 8 minute 55 P M.

21. I hereby certify that I attended the deceased from June 18, 1945 to July 6, 1945; that I last saw her alive on July 6, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thomb.	2 hr.
Due to Multiple abscesses in abdomen.	June 45
Due to Pelvic infection.	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations abs in Douglas Cul-de Sac.	
Of autopsy Same.	

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 Frank H Hardigan (M. D. or other)

Address 620 Mercia Date signed 7/7/45

1377

(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 Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.