

S. No. 2
-12-45
5-17-39
PI X47070

FILED MAR 28 1947

Registration District No. 23 Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two weeks
 In this community fifteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1303 North Broadway Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY BANGERT
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Bangert
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 22, 1898
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Retired
 11. Industry or business Factory worker

MOTHER FATHER {
 12. Name Charles Bangert
 13. Birthplace Monroe County, Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Eckert
 15. Birthplace Baltimore, Maryland
 (City, town, or county) (State or foreign country)

16. (a) Informant Carrie E. Bangert
 (b) Address 1303 North Broadway Avenue

17. (a) Burial (b) Date thereof 3/17/1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery
 18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 3-18-47 (b) W. J. Handley W.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14,
 year 1947 hour 7: minute 45 P. M.
 21. I hereby certify that I attended the deceased from 18 Feb.
1947 to 14 March 1947.
 that I last saw him alive on 14 March 1947.
 and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA
LOBAR RIGHT CAUSE
UNDETERMINED.
 Duration 48 hours

Due to _____
 Due to 108
 Other conditions cystitis, acute
 (Include pregnancy within 3 months of death)
ARTHRITIS, ACUTE, NON-SUPPURATIVE
 Major findings: right knee.
 Of operations _____
 Of autopsy _____

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?

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 17 March 1947

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.....

Harry Cape....., Registered Apprentice No. *479*
working under my personal supervision.

Signed *Jewell E. Kiddle*.....

Licensed Embalmer No. *2831*.....

P. O. Address *Springfield, 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.