

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19975**

Registration District No. **375**

Primary Registration District No. **4551**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Wright**
(b) City or town **Hartville**
(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 **66 years** (Specify whether years, months or days)
In this community **66 years**

3. (a) PRINT FULL NAME **C.W. (Jack) Bane**

3. (b) If veteran, name war. 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Dora A. Bane**
6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Feb. 19, 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **29** If less than one day hr. min.

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

10. Usual occupation **Retired farmer**

11. Industry or business **Martain V. Bane**

12. Name **Ky.**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza A. Raines**
15. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora A. Bane**
(b) Address **Hartville, Mo.**

17. (a) **Burial** (b) Date thereof **4/20/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bethel Cem.**

18. (a) Signature of funeral director **Gene E. Halder**
(b) Address **Hartville, Mo.**

19. (a) **May 31, 1947** (b) **E. Garner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Wright**
(c) City or town **Hartville**
(If outside city or town limits, write "RURAL")
(d) Street No. **No**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**
year **1947** hour **3** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Sept 1, 1946** to **April 18, 1947**
that I last saw him alive on **April 16, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **8 months**

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature **J. R. Matt** (M. D.)
Address **Hartville Mo** Date signed **4/24/47**

RECEIVED

District Health Officer No. 6,

District File Number 647-622

Date Filed JUN 4 1943

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

Gene E. Holgren

Licensed Embalmer No.

3865

P. O. Address

Hartsville, 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.