No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

Registration District No. 270

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5768

State File No. 27053

Registrar's No. 150

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Rural Harrison Twp.
(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) All life

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County Harrison 0
(c) City or town Mt. Moriah, Missouri. 0
(If outside city or town limits, write "RURAL")
(d) Street No. / 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Audra Irene Bane

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Ira Bane

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July (Month) 23 (Day) 1878 (Year)

8. AGE: Years 70 Months No Days 1 If less than one day hr. / min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Amos Downey /
13. Birthplace Indiana (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Isophene Powers
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Ira Bane
(b) Address Mt. Moriah, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Cemetery

18. (a) Signature of funeral director E. J. Stoklasa
(b) Address Cainsville, Missouri.

19. (a) 8-12-48 (Date received local registrar) (b) M. J. Keith Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1948 hour 1 minute --- P.M.

21. I hereby certify that I attended the deceased from June 26 1948 to July 25 1948
that I last saw her alive on July 24 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arteria Sclerosis	4 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause of 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 0

23. Signature C. J. Sellers (M. D.)
Address Mt. Moriah, Missouri. Date signed 7/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Eddie J. Stoklasa, Registered Apprentice No.

working under my personal supervision.

Signed E. J. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.