

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)	
a. COUNTY	Bollinger	a. STATE	Missouri
		b. COUNTY	Bollinger

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White Water	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White Water
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<p>d. FULL NAME OF HOSPITAL OR INSTITUTION</p>	<p>d. STREET ADDRESS</p>	<p>(If rural, give location)</p>
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3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fredrich	F.	Bangert	Jan. 7, 1950	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29 1860	9. AGE (In years last birthday) 89	10. IF UNDER 1 YEAR Months 2	11. IF UNDER 1 WEEK Hours 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Bollinger Co. Mo.	0	U.S.A.

13a. FATHER'S NAME William Bangert	13b. MOTHER'S MAIDEN NAME Catherine Itemver	14. NAME OF HUSBAND OR WIFE Mitilda Bangert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert Bangert Sedgwick	ADDRESS Villie Mo
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<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension & Paralysis</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u></p>
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>	<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>Senility</u></p>	<p><u>334X</u></p>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
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21d. TIME OF INJURY	(Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from July 19, 1948, to Jan 7, 1950, that I last saw the deceased alive on Dec 5, 1948, and that death occurred at 9:00 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edw. Crites	M. L.	154 Lauricholl, Mo.	1/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 9 1950	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Friedheim Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Jan 9/1983 E. J. Illio, Wrentham, MA V. J. Illio & Sons, Wrentham, MA

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-17-50

District Health Officer No. 4

District File Number 150-83

Date Filed

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 2138

P. O. Address Perryville, 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.