

SEP 9 1941 / 20
Registration District No.

Primary Registration District No. **3009**

Registrar's No. **322**

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: Perryville Road
(d) Length of stay: In hospital or institution 13 yrs.
In this community 13 yrs.

3. (a) PRINT FULL NAME Sarah Elizabeth Bangert
8. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female **5. Color or race** White
6. (a) Name of husband or wife Henry Bangert
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 4 28 1874

8. AGE: Years 65 Months 4 Days 1
If less than one day hr. min.

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

10. Usual occupation housekeeping

11. Industry or business
12. Name David Middleton
13. Birthplace Near Daisy Mo
14. Maiden name Sarah Posten
15. Birthplace Cape Girardeau Mo

16. (a) Informant's own signature Jess D. Spink
(b) Address Cape Girardeau

17. (a) Burial, cremation, or removal Buried
(b) Date thereof Aug 31, 1941

(c) Place: burial or cremation Sargents Chapel

18. (a) Signature of funeral director J. M. Thompson
(b) Address Cape Girardeau Mo

19. (a) Date received local registrar 8-30-41
(b) Registrar's signature J. M. Thompson

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(d) Street No. Sargents Chapel
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 29th
year 1941 hour 09 minute 00 M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw her alive on Aug-29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of
Duration Instant

Due to mitral disease of heart

Due to _____

Other conditions (Include pregnancy within 3 months of death) 430
Major findings: Of operations _____
Of autopsy no 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. E. Dalton (M. D. or other) MD
Address Cape Girardeau Mo Date signed 8-30-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 8-1-39 I 10811

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.....

Gene Cawcraft....., Registered Apprentice No. *300*

working under my personal supervision.

Signed *Lynnae Steele*.....

Licensed Embalmer No. *2476*

P. O. Address *Jackson 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, above space should be left blank.