

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14219

State File No. \_\_\_\_\_

Registrar's No. 9

Registration District No. 1947

Primary Registration District No. 5427

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

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town ROBERTSVILLE *Calmer*  
(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 \_\_\_\_\_  
In this community 1 1/2 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Robertsville, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME NANCY ELIZABETH BANTA

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 13, 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER { 12. Name Wm. Clifton

13. Birthplace Jefferson Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Brown

15. Birthplace Jefferson Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Banta

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof 4/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri.

18. (a) Signature of funeral director Wm. Clifton

(b) Address Sullivan, Missouri.

19. (a) 4/24/43 (b) Clara E. Pletcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1943 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 14, 1941 to April 23, 1943  
that I last saw her alive on April 22, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Ends Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cardiac asthma  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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)  
(e) Means of injury \_\_\_\_\_

23. Signature C. F. Bringle, M.D. (M. D. or other)

Address St. Clair, Mo. Date signed 4/24/43

**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 Edgar W. Laffoon  
Licensed Embalmer No. 3394  
P. O. Address Sullivan - 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.**