

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6964**
Registrar's No. **34**

FILED MAR 6 1944
Registration District No. _____

Primary Registration District No. **3017**

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

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
617 FOURTH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **30 YEARS** years, months or days)

3. (a) PRINT FULL NAME **CHRISTOPHER ALEXANDER BANTRUP**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **LENA HESSEL BANTRUP** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **MARCH 16 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **11** Days **1** If less than one day hr. _____ min.

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

10. Usual occupation **RETIRED TRANSFERMAN**

11. Industry or business **BANTRUP TRANSFER CO.**

MOTHER FATHER { 12. Name **FREDERICK BANTRUP**
13. Birthplace **MISSOURI**
14. Maiden name **SARAH ANN WILSON**
15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS C.A. BANTRUP**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **2/20/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALIFORNIA, MO.**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **Feb 18-44** (b) **Dr. Chas. Sulca**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**
(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. **617 FOURTH STREET**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **18th**
year **1944** hour **2:55** minute _____ A.M.

21. I hereby certify that I attended the deceased from **2-18-44** to **2-18-44**
that I last saw him alive on **Several weeks ago**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **Death**

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) (e) Means of injury _____

23. Signature **W.A. Ziegler** (M. D. or other) **M.D.**
Address **Boonville, Mo.** Date signed **2-18-44**

1089

RECEIVED

District Health Officer No. 8,

District File Number 3-3

Date Filed 2-18-46

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 James W. Segner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.