

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38241

Registration District No. 7916

Primary Registration District No. 3038

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(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 Place of birth
years, months or days _____

3. (a) PRINT FULL NAME Sally Bell Banks

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Geo. Banks 6. (c) Age of husband or wife if alive 61 yrs

7. Birth date of deceased Dec. 25 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days -- If less than one day _____ hr. _____ min.

9. Birthplace Saline co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William VanBuren

18. Birthplace Saline County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Johnson

15. Birthplace Saline county Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo. W. Banks
(b) Address 370 South Conway

17. (a) Burial (b) Date thereof 9/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director J. D. Ferguson
(b) Address Marshall, Mo.

19. (a) 9-23-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 370 South Conway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st
year 1940 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept. 21-40
to Sept. 21, 1940
that I last saw her alive on Sept. 21
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration 45 min

Due to Don't Know.

Due to Don't Know

Other conditions 94A
(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? 712

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

23. Signature W. H. Madison (M. D. or other)

Address Marshall, Mo. Date signed 9-23-40

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.

Date Filed 10-10-40
District File Number
District Medical Officer No. 8

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 F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Marshall

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.