

DEC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6602  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
(b) Township Campbell Primary Registration District No. 1 5439 Registered No. 132  
(c) City Springfield (d) Street No. MEDICAL CENTER FOR FEDERAL PRISONERS St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 1 yrs. 11 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BANKER, Vernon

(a) Residence, No. \_\_\_\_\_ St.  Loan, West Virginia  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
✓ 21 9 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck-driver  
9. Industry or business in which work was done, as saw mill, bank, etc. Transportation  
10. Date deceased last worked at this occupation (month and year) D. K. 11. Total time (years) spent in this occupation D. K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maben, W. Va.

FATHER 13. NAME George Banker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Effie (Dalton) Banker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Deceased (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL East Lawn  
PLACE Springfield, Mo. DATE 2-13-39 19

19. FUNERAL DIRECTOR (NAME) A. Lohmeyer F. Home  
(ADDRESS) Springfield, Mo.

20. FILED Feb 13 39 Chas. E. George  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 19... to Feb. 11, 1939 19...

I last saw him alive on Feb. 11, 1939 19... Death is said

to have occurred on the date stated above, at 12:07 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Tuberculosis, pulmonary, chronic, far-advanced, bilateral</u>	<u>4-13-37</u>
<u>Tuberculosis of the intestines</u>	<u>2-6-39</u>
<u>Tuberculosis of meninges</u>	<u>2-5-39</u>

Other contributory causes of importance:

None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? - Date of injury \_\_\_\_\_ 19...

Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Surgical

(Signed) E. M. Green, P. A. Surgeon, M. D.

(Address) Clinical Director, MCFP  
Springfield, Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**