

REC'D MAY 11 1939

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

14266

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan ² Registration District No. 85
(b) Township Washington ¹ Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. 2709 MARY 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 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 389

2. PRINT FULL NAME

William A. Banning
(a) Residence, No. 2709 MARY St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAUDE BANNING
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 21st. 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED FLAGMAN
9. Industry or business in which work was done, as saw mill, bank, etc. C.R. & P.P.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AMES IOWA13. NAME HENRY P. BANNING14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknow Ohio15. MAIDEN NAME MARY BORNE16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY17. INFORMANT (ADDRESS) Mrs. MAUDE BANNING 2709 MARY ST. JOSEPH, MO18. BURIAL, CREMATION, OR REMOVAL PLACE TROY, KANSAS DATE April 19, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) FREEMAN AND SON INC 1946 CALHOUN ST. JOSEPH, MO.20. FILED Apr 11 39 H. J. Kettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th. 193922. I HEREBY CERTIFY, That I attended deceased from 4.10, 1939, to 4.10, 1939I last saw him alive on 4/10, 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Acute myocarditisDate of onset 4-9-39

Other contributory causes of importance:

Acute indigestion

Name of operation _____ Date of _____

What test confirmed diagnosis: Clinical Was there an autopsy? no

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 _____(Signed) Blanche B. Pannicke, D.O.(Address) 222 209th St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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.....

John E. Rupp.

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph.*

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.