

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

REC'D JUN 20 1939

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

19462
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 665
 (b) Township _____ Primary Registration District No. 3032
 (c) City Sedalia (d) Street No. 1002 So. Grand Registered No. 167
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Alvin O'Bannon

(a) Residence, No. 1002 So. Grand 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Alice O'Bannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Missouri

FATHER 13. NAME Benjamin O'Bannon

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Mrs. M. E. Rhodes
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 22/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 5-22-39 Mrs. Harry S. Neal
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from as Common Cause only, 19_____
 I last saw as Common Cause only 19_____. Death is said to have occurred on the date stated above, at 12:05 P.M.

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

Cerebral haemorrhage
93C

Other contributory causes of importance:

arteriosclerosis
chronic myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 Garden Hauffacher M. D.
 (Signed) _____
 (Address) Corner of Pettis County

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.

1 X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/18/39

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,

Geo. Dillard, or by

Registered Apprentice No., working under my personal supervision.

Signed *Geo. Dillard*

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.