

REC'D AUG 7 1939

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

24689
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Acacia Primary Registration District No. 1102 Registered No. 2902
 (c) City Acacia Mo (d) Street No. 17 E. Sun Hosp St.
 (e) Length of residence in city or town where death occurred 14 yrs. 15 mos. 15 da. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? 14 yrs. 15 mos. 15 da.

2. PRINT FULL NAME Richard Z. Wilbanks (Richard Z. Wilbanks)
 (a) Residence, No. Union Gas (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (to which word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lena Wilbanks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1869

7. AGE YEARS 70 MONTHS 3 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

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) Gay

13. NAME R. Z. Wilbanks

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

15. MAIDEN NAME Angie General

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

17. INFORMANT (ADDRESS) Resident Clerk R. C. Sun Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Tex DATE 7/17/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Maubrey R. C. Sun Hosp

20. FILED July 17 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1939

22. I HEREBY CERTIFY That I attended deceased from 7-17-39, 1939 to 7-17-39, 1939. I last saw him on 7-17-39. Death is said to have occurred on the date stated above, at 8:00. The principal cause of death and related causes of importance were as follows:
Carcinoma of esophagus with metastasis
46
 Date of onset _____

Other contributory causes of importance:
atherosclerosis of coronaries
semilary, secondary anemia
& malnutrition

Name of operation M. M. Crowe, M. D. Date of 7-17-39

What test confirmed diagnosis? Autopsy 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 _____, 1939
 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? _____
 If so, specify 2 days, 12 hours
 (Signed) P. H. De Marco, M. D.
 (Address) _____

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.....

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.