

RECORD WITH OBTAINING INFORMATION 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.

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

4046
Do not use this space.

1. PLACE OF DEATH **FILED FEB 9 1940**
(a) County Sullivan Registration District No. 852
(b) Township Polk Primary Registration District No. 6120
(c) City 2 or (d) Street No. 522 St. Donald Roscoe Bankus
(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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Donald Roscoe Bankus
(a) Residence, No. 522 St. Donald Roscoe Bankus
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
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 Roscoe W. Bankus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
MOTHER 15. MAIDEN NAME Martha DeWitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT Roscoe W. Bankus
(ADDRESS) Milan Mo.
18. BURIAL, CREMATION, OR REMOVAL ✓
PLACE Mt. Olive DATE Jan. 10, 1940
19. FUNERAL DIRECTOR (NAME) Green E. Kent
(ADDRESS) Green City, Mo.
20. FILED Feb 5, 1940 Geo Hagan
Local Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1940, to Jan 10, 1940.
I last saw him alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Birth & Spinal Cord Injury - High Torso - delivery - dry Birth
Date of onset 16018
Other contributory causes of importance: 16018
Name of operation Medical Date of 16018
What test confirmed diagnosis Medical 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 1940
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 ✓
(Signed) A. E. Schuss M. D.
(Address) Green City, Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-40-342

Date Filed FEB 8 1940

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.