

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14191

MAY 16 1940
Registration District No. 30

Primary Registration District No. 5041

State File No.

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural, Capps Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution (Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. #2.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Think this man died from a heart attack immediately following a fall.
Due to: He was dead when arrived about 5:30 A.M.
Due to _____

Other conditions (Include pregnancy within 3 months of death) 11/3

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature W. J. Ferguson (M. D. or other) _____
Address Monett, Mo. Date signed 4-26-40

3. (a) PRINT FULL NAME John Henry Banks 520
(b) If veteran, name war No. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida M. Banks 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 5 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 21 hr. min.

9. Birthplace Barry Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 5

11. Industry or business 0

12. Name John Henry Banks 0

13. Birthplace Barry County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Haddock

15. Birthplace Barry County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida M. Banks,

(b) Address R. #2, Monett, Mo.

17. (a) Burial (b) Date thereof Apr. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Callaway's

(b) Address Monett, Mo.

19. (a) 4-27-40 (b) W. M. West
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 540-1321

Date Filed MAY 14 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

J. D. Buchanan

, Registered Apprentice No.

working under my personal supervision.

Signed

J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address

Monett 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.