

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

14415  
Do not use this space.

MAY 13 1940

1. PLACE OF DEATH

(a) County Butler Registration District No. 89

(b) Township Coplar Bluff Primary Registration District No. 3007 Registered No. 94

(c) City Coplar Bluff (d) Street No. P.B. Hospital 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 Jerry Lee Banthall

(a) Residence, No. Greenville Mo 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>7</u>		<u>11</u>	

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) Greenville Missouri

FATHER

13. NAME Claude Banthall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Missouri

MOTHER

15. MAIDEN NAME Tilda Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Missouri

17. INFORMANT (ADDRESS) Claude Banthall Greenville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Older Cemetery DATE April 4 1940

19. FUNERAL DIRECTOR (ADDRESS) Landers Funeral Home Campbell Mo

20. FILED 4/4 1940 Obbitz Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1940

22. I HEREBY CERTIFY, That I attended deceased from March 13 1940 to April 3 1940

I last saw him alive on April 3 1940 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Tuberculosis

Date of onset

Other contributory causes of importance: Empyema

Name of operation Resection Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Wm. Humphreys M. D.

(Address) Coplar Bluff Mo

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**