

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18859**

Registration District No. **469**

Primary Registration District No. **5-632**

Registrar's No. **7**

1. PLACE OF DEATH:
(a) County **Lawrence Greene Township**
(b) City or town **Rural**
(c) Name of hospital or institution **Golden City, Mo**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4 or 30 days**
years, months or days

3. (a) PRINT FULL NAME **JAMES HENRY BANTA**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Margaret Elizabeth Banta**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 5 1856**
(Month) (Day) (Year)

8. AGE: Years **83** Months **10** Days **2** If less than one day
hr. _____ min. _____

9. Birthplace **Wena, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **James Henry Banta**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Harriet Wolf**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Leon Maddox**
(b) Address **Golden City, Missouri**

17. (a) _____ (b) Date thereof **April 10 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **D.O. Cem. Golden City, Mo**

18. (a) Signature of funeral director **E.A. Phillip**
(b) Address **Golden City, Mo.**

19. (a) **6-4-1944** (b) **J. H. Kearney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton**
(c) City or town **Golden City**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **7**
year **1940** hour **2** minutes **40** M.
21. I hereby certify that I attended the deceased from **April 6** to **April 6**, 19 **40**
that I last saw him alive on **April 6**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**
Due to **arteriosclerosis**
Due to _____
Other conditions **HTN**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
426 (Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature **J. M. Probst** (M. D. or other) _____
Address **Golden City, Mo** Date signed **4-7-40**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1-X-1981I STATE DEPARTMENT OF HEALTH - MISSOURI - MAKE 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.

RECEIVED

District Health Officer No. 6,

District File Number 640-407

Date Filed JUN 11 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 *H. Pugh*.....

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.