

No. 2
1340
2000
X23159

Registration District No. 241

Primary Registration District No. 241-5384

State File No. _____

Registrar's No. 1263

1. PLACE OF DEATH:
 (a) County Illinois
 (b) City or town Buffalo
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Illinois
 (c) City or town Buffalo
(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.

3. (a) PRINT FULL NAME Louisa E O'Bannon
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 2
 year 1940 hour 1 minute 30 AM
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife J. P. O'Bannon 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 9, 1860
(Month) (Day) (Year)

that I last saw her alive on 8-2-, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis
 Duration 3 hrs

8. AGE: Years 80 Months 2 Days 23
hr. min.

Due to Arterio Sclerosis
 Due to Senility
 Other conditions Healed Colitis
(Include pregnancy within 3 months of death)
 Duration 1 wk

9. Birthplace Kallas County Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Housekeeper
 11. Industry or business _____
 12. Name Wm Robbins
 13. Birthplace Ill
(City, town, or county) (State or foreign country)
 14. Maiden name Estah Mader
 15. Birthplace Kallas Mo
(City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant W. C. Hawkins
 (b) Address Buffalo Mo.
 17. (a) Burial (b) Date thereof 8-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Lawn
 18. (a) Signature of funeral director W. C. Hawkins
 (b) Address Buffalo Mo.
 19. (a) 8-14-1940 (b) Hanny, Missouri
(Date received local registrar) (Registrar's signature)

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? 2/8 (Specify type of place) _____
 (e) Means of injury _____
 23. Signature W. C. Hawkins (M. D. _____)
 Address Buffalo Mo Date signed 8-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30

RECEIVED
District Health Officer No. 71
District File Number 8-40-1220
Date Filed 8-16-40

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, fact should be so stated above.