

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25980

State File No. \_\_\_\_\_

Registration District No. 489 669 Primary Registration District No. 5892 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Rural Smithton 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) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Sarah P. Banning 552

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Wm Reuben Banning 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 1, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 1 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jeremiah Counts

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Emily Peterson

15. Birthplace New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant W.P. Banning

(b) Address Sedalia, Mo. Route #5.

17. (a) Burial (b) Date thereof June 26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park Cem.

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) July 1 (b) Mrs J. B. Thomas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route ## 5.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1940 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from 34 to June 24, 1940.

that I last saw him alive on June 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

605 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Location of injury \_\_\_\_\_

23. Signature A. L. Walker (M. D. or other) \_\_\_\_\_

Address Sedalia Mo Date signed June 26, 1940

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

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

---

---

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 \_\_\_\_\_

*Geo. Dillard*

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.