

FILED SEP 24 1940

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

29016
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston, Registration District No. 1096
 (b) Township Fairview, Primary Registration District No. 5680
 (c) or Avalon, Mo. (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

EDWARD BANKS,
 (a) Residence, No. Avalon, Missouri RFD# 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
WIDOWED,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cordelia (Garvin) Banks,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13th 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
61 7 10

OCCUPATION 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. Farmer,
 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) Livingston County,
Missouri.

FATHER 13. NAME William Banks,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorkshire, England.

MOTHER 15. MAIDEN NAME Asenath Barning,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan,

17. INFORMANT (ADDRESS) Elton Banks,
Avalon, Missouri. RFD#

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon, DATE 8/26th, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford W. Austin,
Tina, Missouri,

20. FILED Aug. 25, 1940 Mrs. Chas. Ludwig Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23-1940

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1940, to 8-23, 1940
 I last saw him alive on 8-23, 1940 Death is said to have occurred on the date stated above, at 6:00 PM.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 8/23/40

Other contributory causes of importance: 94W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 200

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? 20
 If so, specify _____
 (Signed) W.G. Atwood, M. D.
 (Address) Carrollton, Missouri.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

1 X16603

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.....

Clifford W. Austin,

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford W. Austin

Licensed Embalmer No. **#3233.**

P. O. Address **Tina, Missouri.**

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.