

STANDARD CERTIFICATE OF DEATH

Registration District No. 592

Primary Registration District No. 4300

State File No.

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Montgomery  
(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) 20  
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 4 months

3. (a) PRINT FULL NAME William H. Banks

3. (b) If veteran, name was Spanish American 3. (c) Social Security No.

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

6. (b) Name of husband or wife Sarah Banks 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug 6 rd 1877  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 12 If less than one day hr. min.

9. Birthplace New Florence Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Dept Probate Clerk

11. Industry or business

12. Name William Banks

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

14. Maiden name Mary E. Green

15. Birthplace Danville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Banks

(b) Address 3419 Pine St St Louis Mo

17. (a) Burial (b) Date thereof 10 20 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 10-19-40 (b) Bull Murrey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery 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 Oct day 18  
year 1940 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Oct. 15  
1940 to Oct. 18, 1940  
that I last saw him alive on Oct. 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage Duration 10-15-40

Due to 57.5

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

PHYSICIAN

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?

57.5 (Specify type of place) While at work? (e) Means of injury

23. Signature Bull Murrey (M. D. or other)

Address Montgomery City Mo Date signed 10-19-40

**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 \_\_\_\_\_ me  
on the 18 th day of Oct 1940 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1487

P. O. Address Montgomery City, Missou

**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.**