

Registration District No. 389

Primary Registration District No. 5562

Registrar's No. 9

1. PLACE OF DEATH: Howell  
 (a) County Howell  
 (b) City or town RURAL Sisson Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Peace Valley, Mo. Route 1.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No  
(Specify whether  
 In this community 60 years.  
years, months or days)

3. (a) PRINT FULL NAME PAUL JONES WILBANKS  
 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 Married  
 6. (b) Name of husband or wife "Polly"  
Lauray Bell Clark 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased April 16, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 21  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wright County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own. Farm.

12. Name John Edward Wilbanks

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

14. Maiden name "Polly" Mary Todd

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

16. (a) Informant Beatrice Holden

(b) Address Peace Valley, Mo.

17. (a) Burial (b) Date thereof 11/8/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Co. Sisson Twp.

18. (a) Signature of funeral director Hal Thombugh

(b) Address West Plains, Mo.

19. (a) Nov 20 1940 mes Pearl Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Howell  
 (c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Peace Valley, Mo. Route 1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7  
 year 1940 hour 6: minute 15 a.m.

21. I hereby certify that I attended the deceased from Nov. 4"  
1940, 19  , to Nov 6", 1940:  
 that I last saw him alive on Nov. 6", 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
(Cerebral hemorrhage)  
 Due to arterio sclerosis

Due to Senility

Other conditions JTB  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations none

Of autopsy none

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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? \_\_\_\_\_

858  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature P. A. Sparks (M. D. or other) \_\_\_\_\_  
 Address West Plains, Mo. Date signed 11/12/40

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

RECEIVED

District Health Officer No 8,

District File Number 12401165

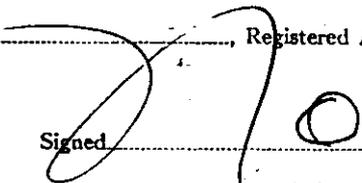
Date Filed \_\_\_\_\_

**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, above space should be left blank.