

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43489

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

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McFarland Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days  
(Specify whether)

In this community Louisia Barney  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Cuba  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Louisa Obedience Banes

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

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

6. (b) Name of husband or wife Andrew Jackson Banes (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 14, 1851  
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cross Roads Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Alexander Gordon

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

14. Maiden name Esther Brown

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

16. (a) Informant Miss Lara B. Kanner

(b) Address Cuba, Missouri

17. (a) Burial (b) Date thereof Dec. 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calbrell Bros

18. (a) Signature of funeral director Flat River, Mo.

(b) Address Burial Flat River

19. (a) Dec. 28, 1940 (b) Joe F. Meyers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1940 7 hour 15 minute 2 A. M.

21. I hereby certify that I attended the deceased from Nov 30 1940 to Dec 26 1940 that I last saw her alive on Dec 26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to anemia Smility

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

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

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

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

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? \_\_\_\_\_

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

23. Signature William H. Brewer (M. D. or other) M.D.

Address Rolla, Missouri Date signed 12/24/40

Duration 6 min

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

81  
2  
1

RECEIVED

District Health Officer No. 5,

Number 14153

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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.**