

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 06 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31467

Registration District No. 287

Primary Registration District No. 5405

Registrar's No.

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Rural, Deloy, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: 12 days years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Tenn (b) County: Chester ⁹⁹⁹
(c) City or town: Emville ⁴⁰
(If outside city or town limit, write "RURAL") ₀
(d) Street No.: _____ (If rural, give location) ₂
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: David Wayne Banks
(b) If veteran, name war: none
(c) Social Security No.: none

20. DATE OF DEATH: Month Sept day 4
year 1941 hour 12 minute _____ M.

4. Sex: male 5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years

21. I hereby certify that I attended the deceased from Sept 4, 1941, to Sept 4, 1941; that I last saw him alive on Sept 14, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 12 (Month) (Day) 1941 (Year)
8. AGE: Years _____ Months 1 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death: acute indigestion?
Due to: colitis

9. Birthplace: Emville, Tenn (City, town, or county) (State or foreign country)
10. Usual occupation: Infant

Due to: _____
Other conditions: 2 (Include pregnancy within 3 months of death)

11. Industry or business: _____
12. Name: Harvie Banks
13. Birthplace: Tenn (City, town, or county) (State or foreign country)
14. Maiden name: Sheba Adams
15. Birthplace: Miss (City, town, or county) (State or foreign country)

Major findings: 119a
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Harvie Banks
(b) Address: Harmonville, Mo
17. (a) burial (b) Date thereof: 9-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Harmon

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? _____

18. (a) Signature of funeral director: Emerson Brown
(b) Address: Harmonville, Mo
19. (a) 9-30-41 (b) E. H. Cope (Date received local registrar) (Registrar's signature)

23. Signature: Nan H. Boyd (M. D. or other)
Address: Harmonville, Mo Date signed: 9-29-41

d.p.c. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1041-1771

Date Filed 10/6/41

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.