

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 355246

Registration District No. 274

Primary Registration District No. 4063

Registrar's No.

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Litton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 60 years (Specify whether years, months or days)
 In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES M. BANKSTON

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

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

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 4, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>24</u>	<u></u> hr. <u></u> min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George Bankston

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

14. Maiden name Timothy Fisher

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

16. (a) Informant Ruby Bankston

(b) Address Litton

17. (a) Burial (b) Date thereof Oct 30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves (near Litton)

18. (a) Signature of funeral director M. Alden, M.D.

(b) Address M. Alden, M.D.

19. (a) Nov 5 1941 (b) E. B. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Litton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 28
year 1941 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Death on arrival - 19 to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions 94 lb
(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?

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

23. Signature E. B. Jones (M. D. or other)

Address New Madrid Mo. Date signed 10-29-41

Duration 30 min

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

NOV 7 1941

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 S. P. Salmon

Licensed Embalmer No. 2556

P. O. Address Keene, Mo

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, fact should be so stated above.