

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 18 1941

689

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

3033

State File No.

42739

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Louisiana, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Weeks
 (Specify whether years, months or days)
 In this community All his life

3. (a) PRINT FULL NAME Joseph Erret Bankhead

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 Widowed
 6. (b) Name of husband or wife Dead
 6. (c) Age of husband or wife if alive 21-1864 years
 7. Birth date of deceased 9 (Month) 21 (Day) 1864 (Year)

8. AGE: Years 77 Months 2 Days 28
 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business

12. Name Gary Randolph Bankhead13. Birthplace Don't know Va14. Maiden name Erret15. Birthplace Don't know

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. R. B. Mackey(b) Address Clarksville Mo17. (a) (Burial, cremation, or removal) Greenwood(b) Date thereof 12-21-1941 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Harry L. Garrett(b) Address Clarksville Mo19. (a) 12-20-41 (Date received local registrar)(b) J. C. Haly (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
 (c) City or town Clarksville
 (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 Dec day 19 year 1941 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11/14/41 to 12/19/41, 19____; that I last saw him alive on 12/19/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Myocarditis, chronic
 Due to arteriosclerosis

Due to
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: none
 Of operations
 Of autopsy none

22. If death was due to external causes, fill in the following: no
 (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?

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

23. Signature Dr. J. C. Haly (M. D. or other) M. D.
 Address Louisiana, Mo. Date signed 12/20/41

RECEIVED

District Health Officer No. 10

District File Number 1-42-57

Date Filed JAN 9 1942

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

....., Registered Apprentice No.
working under my personal supervision.

Signed

Harry Barrow

Licensed Embalmer No.

2439

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.