

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar *jun*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton *6*
 (c) City or town Lamar
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) *0*
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM R. BANKS

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

4. Sex Male *0* 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed *9*

6. (b) Name of husband or wife Sadie Northrup 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 13 1861
 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation State Highway Department

11. Industry or business Engineer-Retired

12. Name Marvin R. Banks

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

14. Maiden name Mary McAfee

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

16. (a) Informant Anna Bragg
 (b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Jan 13 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director (KONANTZ) FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Jan 12 1942 (b) Ma Josephine Myriatt
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
 year 1942 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov. 24 1941 to Jan. 11 1942
 that I last saw him alive on Jan 5 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition (Transition)
Fractured Left hip
(neck of femur)
 Due to _____
 Due to _____

Duration Nov. 24, 1941

Other conditions: _____
 (Include pregnancy within 8 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____

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 DDH
 (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?

23. (a) Signature Bern T. Dickel (M. D. or other) M.D.
 Address Lamar, Mo. Date signed Jan 13 1942

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

RECEIVED

District Health Officer No. 6,

District File Number 242-141

Date Filed FEB 5 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Lester S. Hubbard

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16 24

Registration District No. 48

Primary Registration District No. 40 24

Registrar's No. _____

1. PLACE OF DEATH: Barton
 (a) County Lamar
 (b) City or town Lamar
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William R. Banks
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Jan Day _____
 year 1942 hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
 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 _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

7. Birth date of deceased June 13 1866
 (Month) (Day) (Year)
 8. AGE: Years 80 Months 6 Days _____ If less than one day _____ min.

Due to fracture hip
malnutrition (fracture)
starvation & old age
 Duration Nov. 24 1941

9. Birthplace _____ (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 186a
 Of autopsy 18

12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____ (City, town, or county) (State or foreign country)
 15. Birthplace _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence Nov. 27, 1941
 (c) Where did injury occur? Lamar Barton Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

18. (a) Signature of funeral director _____ (b) Address _____
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) (c) Means of injury slipped fell on floor
 23. Signature Dern T. Beckel (M. D. or other) M.D.
 Address Lamar, Mo. Date signed Feb 28, 1942

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

SUPPLEMENTARY

5-1624