

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2192

FILED FEB 18 1942

Registration District No. 304

Primary Registration District No. 5427

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany, Mo. Athens 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 71 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Grant Banie

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 Married
6. (b) Name of husband or wife Carrie Perry 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 12 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name J. W. Banie
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elisara Bearley
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Banie
(b) Address Albany, Mo. R.F.D.

17. (a) Burial (b) Date thereof 1-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Albany, Missouri

19. (a) 1/15/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Athens Township
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1942 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 8 1942 to Jan 15 1942
that I last saw him alive on Jan 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction
Influenza
Due to Influenza
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy

Duration

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.
(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 D

23. Signature J. N. Barger (M.D. or other)
Address Albany Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1108

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

Chas. H. Burke

Licensed Embalmer No. 3329

P. O. Address. Albany, 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, fact should be so stated above.