

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2713

Registration District No. 477 478 Primary Registration District No. 300 4287 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Ewing, LEWIS Co.
(b) City or town MISSOURI
(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 one year (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALICE BANKS

3. (b) If veteran, name war / 3. (c) Social Security No. old age

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Willis BANKS 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased July 17, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business /

MOTHER FATHER { 12. Name Buchrod Whitaker
13. Birthplace Unknown, MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name NANCY JANE CLEASY
15. Birthplace Unknown, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Ewing, Missouri
(b) Address /

17. (a) Burial (b) Date thereof 12/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Durham MO

18. (a) Signature of funeral director James A. Coder
(b) Address Lewistown Missouri

19. (a) Dec. 16, 41 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS
(c) City or town Ewing
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14, year 1941 hour 9 minute 45 P.M.

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

Immediate cause of death Branchial Pneumonia

Due to Influenza

Due to /

Other conditions (Include pregnancy within 3 months of death) Myocardial Infarction

Major findings: Of operations /

Of autopsy 107

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence name
(c) Where did injury occur? (City or town) (County) (State) name
(d) Did injury occur in or about home, on farm, in industrial place, in public place? name
(Specify type of place) (e) Means of injury no

While at work? no

23. Signature J. W. Jennings (M.D. or other) /
Address Ewing MO Date signed 12-15-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number

1-42-85

Date Filed JAN 15 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

James A. Adair, Jr.
working under my personal supervision.

Registered Apprentice No.

298

Signed

James A. Adair

Licensed Embalmer No.

2532

P. O. Address

Lewistown 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, above space should be left blank.