

FILED MAR 3 34842391

Primary Registration District No. 55464230

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's of the Ozarks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Fredericktown (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #3--Highway 70
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Alma L. Banes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1942 hour 2 minute 30 A.M.

4. Sex F / 5. Color or race W / 6. (b) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife George Banes 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased February 15 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19 1940, to January 6 1942
that I last saw him alive on January 6 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death carcinoma of breast with extensions to involve lungs, liver and lymphatic structures of the peritoneal cavity.

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business X

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name George Lanpher

13. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Graham

15. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant George Banes

(b) Address R. F. D. #3, Fredericktown Mo.

17. (a) Burial (b) Date thereof 1-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

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? _____

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address 209 W. Main, Fredericktown, Mo.

19. (a) 1-18-42 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) M.D.
Address London, Mo. Date signed 1-7-42

RECEIVED

District Health Officer No. 4
District File Number 742-741
Date Filed 2-12-42

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

Virgil H. Kelch

Licensed Embalmer No.

4102

P. O. Address

Fredericktown, Md.

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.