V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14197

State File No.

Registration District No. 289 Primary Registration District No. 5407 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Cotton Hill Twp
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35

(c) City or town Malden Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Eual Banks

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 Tilda Banks

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 1 — 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82		27	hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business ~~uk~~

FATHER
12. Name uk.
13. Birthplace uk. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name uk
15. Birthplace uk. (City, town, or county) 9 (State or foreign country)

16. (a) Informant (Son) W F Banks
(b) Address Malden R

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Lander Fund Home
(b) Address Campbell Mo.

19. (a) 4-28-42 (Date received local registrar) (b) Mrs Cora Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour minute 4 a.m. 10

21. I hereby certify that I attended the deceased from May, 1940, to April 26, 1942
that I last saw him alive on April 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cler. myocarditis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93 J

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
(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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature H D Davis (M. D. or other)
Address Malden Date signed 4/29/42

1175

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 5-42-674
Date Filed 5-20-42

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 Christine M. Sanders

Licensed Embalmer No. 4227

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, fact should be so stated above.