

Registration District No. 173

Primary Registration District No. 4464

Registrar's No. 34

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Farmington, Mo.
(c) Name of hospital or institution:
Home -- 105 Alexander St.
(d) Length of stay: In hospital or institution.....
In this community 72 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County 94
(c) City or town.....
(d) Street No.....
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Ison O'Banon

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bell O'Banon 6. (c) Age of husband or wife if 64 years

7. Birth date of deceased 4th. 15 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business.....

12. Name J. T. O'Banon

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

14. Maiden name Martine Sloss

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

16. (a) Informant Bell O'Banon

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 4 18 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Banon Family Cem.

18. (a) Signature of funeral director Richardson, Fred

(b) Address Home Farmington Mo.

19. (a) 4-18-42 (b) Byrdie S. Bukhmetz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1942 hour 6 minute 40 M.

21. I hereby certify that I attended the deceased from April 8 1942 to April 16 1942 that I last saw him alive on April 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3200.

Due to Cerebral apoplexy 1 yr.

Due to Prostatitis - cystitis 2 yrs.

Other conditions (Include pregnancy within 3 months of death) 430!

PHYSICIAN
Major findings: Of operations.....
Of autopsy.....
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.....

23. Signature Geo. S. Whitmer (M. D. or other) 0
Address Farmington Mo. Date signed 4-17-42

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

94
4
1

MOTHER FATHER

17

RECEIVED

District Health Officer No. *4*

District File Number *542-570*

Date Filed *3-12-72*

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 ^{and} by

working under my personal supervision.

Sam Najim, Jr.

Registered Apprentice No. *312*

Signed *Chas. Richardson*

Licensed Embalmer No. *3167*

P. O. Address *Hamington, 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, fact should be so stated above.