

FILED MAY 21 1942  
Registration District No. 887

Primary Registration District No. 4538

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Palmer Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington  
(c) City or town Palmer Mo 194  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Banway  
3. (b) If veteran, name war: ..... 3. (c) Social Security No. ....

20. DATE OF DEATH: Month April day 6 year 1942 hour 7 minute 30 a.m.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased Aug 20 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 3 1942 to April 6 1942  
that I last saw him alive on April 6 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 7 15 hr. min.

Immediate cause of death: Coronary Thrombosis of left side  
Due to: .....

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

Due to: Arterio Sclerosis

10. Usual occupation: .....

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business: Miner

Major findings: Of operations: 830  
Of autopsy: .....  
PHYSICIAN: .....  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name: W P Banway  
13. Birthplace: Chapard Mo (City, town, or county) (State or foreign country)  
14. Maiden name: Sara Loggans  
15. Birthplace: Chapard Mo (City, town, or county) (State or foreign country)

16. (a) Informant: John Banway  
(b) Address: Palmer Mo

17. (a) Burial (b) Date thereof: April 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Palmer Mo

18. (a) Signature of funeral director: Starko  
(b) Address: Palmer Mo

19. (a) 4-7-1942 (b) Joseph L. Thurman  
(Date received local registrar) (Registrar's signature)

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? 0

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: W P Banway (M. D. or other) MD  
Address: Palmer Date signed: 4/11/42

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

RECORDED

District Health Officer No. 4  
District File Number 542-631  
Date filed 5-14-42

**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. 4287  
working under my personal supervision.

Signed.....

*Ewert Spack*

Licensed Embalmer No.....

P. O. Address.....

*Elwin Ma*

**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.**