

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 8-5-2-381

Primary Registration District No. 4-5-1-84515

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan
(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 _____ (Specify whether)
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Lida May Banks

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 22, 1907
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 12 If less than one day _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Edward B. Banks
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Dora C. Campbell
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Benny F. Banks

(b) Address Hannibal Mo.

17. (a) Buried (b) Date thereof Aug 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linnets Mo. Cem.

18. (a) Signature of funeral director Schroeder

(b) Address Franklin, Milan Mo.

19. (a) Sept. 5-1943 (b) Mrs L. D. Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan 105
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1942 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 5th 1942 to Aug. 4th 1942.
that I last saw her alive on Aug. 4th 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Colon and mesenteric Bontkno
7 the transverse
Colon and mesenteric Bontkno

Due to _____

Due to 462

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

Major findings: Of operations as above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 7 D.O.

23. Signature L. Grace Dimmore (M.D. or other) D.O.

Address Milan Mo. Date signed 8-10-42

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

8 12 7

RECEIVED

District Health Officer No. 10

District File number

9-42-1743

Date Filed

SEP 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Frank D. Schoen

Licensed Embalmer No.

2016

P. O. Address

Milan, 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.