

FILED JAN 11 1943

Registration District No. 219

Primary Registration District No. 3017

Registrar's No.

27
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cooper

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

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

(d) Length of stay: In hospital or institution 14 Hours
(Specify whether years, months or days)

In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(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 Benjamin Owen Banks

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1942 hour 1.35 minute A. M.

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

21. I hereby certify that I attended the deceased from Dec 9
1942 to Dec 10 1942
that I last saw him alive on Dec 9
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Bacterial Pneumonia Duration 3 days
Influenza 1 wk.

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

7. Birth date of deceased: September 19 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 2 21 hr. min.

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

10. Usual occupation School

11. Industry or business

12. Name William Minor

13. Birthplace Cooper Co. 0
(City, town, or county) (State or foreign country)

14. Maiden name Ada Banks

15. Birthplace Cooper Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Price G. Overton

(b) Address Overton, Mo.

17. (a) Burial (b) Date thereof Dec 13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cooper Hill Cem.

18. (a) Signature of funeral director L. J. ...

(b) Address Boonville Mo

19. (a) Dec-13-42 (b) Dr. Chas Swapi.
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 107

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 0

23. Signature M. L. ... (M. D. or other) M.D.
Address Boonville Mo Date signed 12/14/42

RECEIVED

District Health Officer No. 8,

Let File Number _____

Filed 1-8-43

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 C. L. Ireland

Licensed Embalmer No. 1399

P. O. Address Higley 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.