

No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40914 ✓

FILED JAN 13 1943

State File No. _____

Registration District No. 150

Primary Registration District No. 5574

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural - Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 16 days
(Specify whether _____)
In this community 26 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town London City
(If outside city or town limits, write "RURAL")
(d) Street No. 834 Topping
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1942 / hour _____ minute 35 P. M.
21. I hereby certify that I attended the deceased from October
24, 1942 to Dec 31, 1942
that I last saw him alive on Dec 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Sp. commu
Pyloans
(Pyloans)
Duration _____

Due to _____
Due to _____

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

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

3. (a) PRINT FULL NAME Henry G Banzet
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 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 June 15, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 16 If less than one day hr. _____ min.

9. Birthplace Marshall Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Charles Banzet
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kaseler
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record
(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs P. H. Foster
(b) Address 918 Broadway C. Mo

19. (a) 12-31-42 (b) J. M. Selick
(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? _____

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

23. Signature J. B. Dailey (M. D. or other) M.D.
Address Little Blue Mo Date signed 12-31-42

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

48
00

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 me

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

working under my personal supervision.

Signed

C. H. Wise

Licensed Embalmer No.

2590

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.