

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 15 1943

Registration District No. 4

Primary Registration District No. 5418

Registrar's No. 4

35
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Bunkley

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

(c) Name of hospital or institution: Cotton Hill Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bunkley 35

(c) City or town Malden (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years 0

3. (a) PRINT FULL NAME Clarence Stephen Banham

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1943 hour 70 minute 15 P.M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased January 13 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-13, 1943, to 1-15, 1943
that I last saw him alive on 1-15, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
		<u>2</u>	hr. _____ min. _____

Immediate cause of death prevalence

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Clarence Banham

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

14. Maiden name Werner Hoover

15. Birthplace Wickary Ridge Arkansas
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Banham

(b) Address Malden, Missouri

17. (a) burial (b) Date thereof Jan. 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany cemetery, Malde

18. (a) Signature of funeral director Walter Day

(b) Address Malden, Missouri

19. (a) 1-15-43 (b) W D Elder
(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)

(a) Means of injury _____

23. Signature H. D. Beart 2
(M. D. or other)

Address Malden MO Date signed 1-15-43

RECEIVED

District Health Office No. 2,

District File Number 243-196

Date Filed 2-8-43

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.....

No Embalming

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

working under my personal supervision.

Signed.....

Walter M. Day

Licensed Embalmer No. 4060

P. O. Address Malden, 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.