S. No. 2
I—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2505

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 645

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2203 Williard (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2203 Williard (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph E. Bannister

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances Bannister

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 22 (Day) 1892 (Year)

8. AGE: Years 50 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation Grocery man

11. Industry or business Retired

FATHER
12. Name John Bannister
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary West
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Bannister

(b) Address 2203 Williard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Parker- Hunsaker

(b) Address 1503 Joplin Street

19. (a) 2-1-43 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Januray day 31 year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1, 1942 to Jany 31, 1943 that I last saw him alive on Jany 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver — Duration 1 Year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

124 P

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

23. Signature H. L. Wilbur (M. D. or other)

Address Joplin Mo Date signed 2-1-43

1264

(Licensed Embalmer's Statement on Reverse Side)

43-1-87

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.