

FILED
APR 10 1943
K32271

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10371

State File No.

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 20

1. PLACE OF DEATH:

(a) County. Howard.
(b) City or town. Fayette.
(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 years, months or days)

3. (a) PRINT FULL NAME Mrs Vivian Banyard,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Banyard. 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 11 th 1879 (Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Brenton Sharp.

12. Name. Pennsylvania, 13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name. Unknown, 15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Banyard, (b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18th 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge.

18. (a) Signature of funeral director Guy T. Halley. (b) Address Fayette, Mo.

19. (a) 4-1-43 (Date received local registrar) (b) Ernest M. Miller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard, Fayette, (c) City or town. (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 March day 16 year 1943 hour 6 minute M.

21. I hereby certify that I attended the deceased from 1943 to March 16, 1943, that I last saw her alive on March 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid with generalized metastasis 5 yrs
Cancer of ovary (Primary)

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

Major findings: Of operations. Of autopsy. 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
23. Signature. Date signed 4.8.43

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

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-9-43

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

Guy T. Halley

Licensed Embalmer No. 2966

P. O. Address Jayette 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.