No. 2
9-4-41
17-39
X29424

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11680

State File No.

FILED APR 7 1943

Registration District No. 349

Primary Registration District No. 6-18-4514

Registrar's No. 349

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

1. PLACE OF DEATH:
(a) County Sullivan Co. Mo.
(b) City or town Green City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sullivan
(c) City or town 10.5 E
(If outside city or town limits, write "RURAL")
(d) Street No. E
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country E

3. (a) PRINT FULL NAME Truman William Banner

3. (b) If veteran, name war World War #1

3. (c) Social Security No. X

4. Sex Male C

5. Color or race W

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

6. (b) Name of husband or wife /

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

7. Birth date of deceased 10 (Month) 15 (Day) 1893 (Year)

8. AGE: Years 50 | Months 5 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Green City (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business on farm

MOTHER FATHER

12. Name Daniel Banner

13. Birthplace Sullivan (City, town, or county) O Mo. (State or foreign country)

14. Maiden name Malinda Pasmore

15. Birthplace Sullivan O Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Rollie E Banner

(b) Address Green city MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Elm Wood Cem

18. (a) Signature of funeral director Glenn & Kent & Son

(b) Address Green City, Mo

19. (a) 4-1-43 (Date received local registrar) (b) Vinnie Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 26
year 1943 hour 1 minute 300 P.M.

21. I hereby certify that I attended the deceased from Mch 26, 1943 to Mch 26, 1943 that I last saw him alive on Mch 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): § 30 1	
Major findings: 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? (d) Means of injury

23. Signature M Harrington M.D. (M.D. or other)
Address Green City Mo Date signed 3-29-43

1113

(Licensed Embalmer's Statement on Reverse Side)

ADD 8

RECEIVED
District Health Officer No. 10
District File Number 4-43-603
Date Filed MAR 15 1943

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, M

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11680

Registration District No. 349 Primary Registration District No. 4-14 Registrar's No. 349

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

1. PLACE OF DEATH:

(a) County Sullivan Co.

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

(c) Name of hospital or institution: 4

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Green City (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

3. (a) PRINT FULL NAME Truman Wm Basmer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 13 (Day) 1865 (Year)

8. AGE: Years 58 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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.

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-11680