

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 30 1943

Registration District No. 270

Primary Registration District No. 6-25-80 454 (1) Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne.
 (b) City or town Greenville, Missouri.
 (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 29 yrs 11 mo 26 days
 In this community 29 yrs 11 mo 26 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vera Ing Banks,

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James A. Banks, 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased June 28, 1913.
 (Month) (Day) (Year)

8. AGE: Years 29 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Housekeeper.

11. Industry or business V. V. Ing,

12. Name Illinois.

13. Birthplace Mary Woods, (City, town, or county) (State or foreign country)

14. Maiden name Missouri. (City, town, or county) (State or foreign country)

15. Birthplace Mary Ing, (City, town, or county) (State or foreign country)

16. (a) Informant Greenville, Missouri.

(b) Address Greenville, Missouri.

17. (a) Burial (b) Date thereof June 27, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Lake Cemetery,

18. (a) Signature of funeral director F. B. Yates
 (b) Address Piedmont, Mo.

19. (a) July 24, 1943 (b) Greg Bennett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
 (c) City or town Greenville
 (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 June day 25
 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from June 10
43 to June 25 1943
 that I last saw her alive on June 25 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy
had been afflicted 10 or 11 years.

Due to
 Due to

Other conditions 75
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations /

Of autopsy /

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 John F. Wagner (M. D. or other) M.D.

Address Greenville, Mo Date signed 6-26-43

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

MOTHER FATHER

Duration

3 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 30 1948

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 _____

Ida M. Yates

Licensed Embalmer No. 2572

P.O. Address Piedmont, 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.