

No. 2
-542
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28359**
Registrar's No. **53**

FILED SEP 10 1943

Registration District No. **140**

Primary Registration District No. **3024**

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

1. PLACE OF DEATH:
(a) County **Howard**
(b) City or town **Fayette**
(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 **years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ruben Banks**
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **Single**
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 20th 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **4** Days **19** If less than one day hr. _____ min. _____

9. Birthplace **Howard Co.** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER
12. Name **Unknown**
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 **Cordie Page**
(b) Address **Fayette, Mo.**

17. (a) **Burial** (b) Date thereof **8-12th 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

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

19. (a) **8-10-1943** (b) **Ernest McMillan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **45**
(a) State **Missouri** (b) County **Howard**
(c) City or town **Fayette** (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 **Aug** day **9**
1943 year **11** hour **45** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 30** 19**43** to **Aug 9** 19**43**
that I last saw him alive on **Aug 9** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Typhemia** Duration **9 days**

Due to **Intestinal obstruction**

Due to **Strangulated hernia - Volvulus - Peritonitis**

Other conditions **Peritonitis**
(Include pregnancy within 3 months of death)

Major findings: **122 f 2**
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 **W. P. Leech M.D.** (Dr. D. W. or other)
Address **Fayette, Mo.** Date signed **8/14/43**

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-9-43

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

Emory T. Hadden

Licensed Embalmer No.

2966

P. O. Address

Jayett M

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.