

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6408

FILED MAR 4 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
1908 S. 1 st Street /
(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 (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 1908 S. 1 st.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Richard Banner

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1944 hour 12 minute 30A. M.

21. I hereby certify that I attended the deceased from Jan 1940 to Feb 1944
that I last saw him alive on Feb 15 1944
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Letha Pearl Banner 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 22 1873
(Month) (Day) (Year)

Immediate cause of death Influenza

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day
70 3 27 hr. min.

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Sullivan County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Samuel Banner

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

14. Maiden name Nancy Ross

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

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? _____

16. (a) Informant Ralph Banner

(b) Address 1908 S. 1 st. Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park, K'ville

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature R. D. Stickler (M. D. or other) MD
Address Kirksville Mo Date signed 2/21/44

18. (a) Signature of funeral director C. E. Hopper

(b) Address Clayton, Mo.

19. (a) 2/22/44 (Date received local registrar) (b) Dr. J. B. Wagner (Registrar's signature)

STATE OF MISSOURI
DEPARTMENT OF HEALTH

RECEIVED

District Health Officer No. 10

District File Number 3-44-521

Date Filed MAR 8 1944

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.....

Louis C. Kopper

Licensed Embalmer No. 4261

P. O. Address Clarence, 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.