

FILED MAR 8 1944

Registration District No.

Primary Registration District No.

Registrar's No.

58

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R.E.D. #5 So. Adella Dr.
(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 GEO. RUEBEN BANNING

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

4. Sex MALE 5. Color or race W.H. 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 FEB. 7 1944
(Month) (Day) (Year)

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

9. Birthplace PETTIS Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name WALTER BANNING
13. Birthplace PETTIS Co Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name EVELYN E BRUBAKER
15. Birthplace COOPER Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER BANNING

(b) Address SEDALIA RA 1

17. (a) BURIAL (b) Date thereof 2-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEM PARK

18. (e) Signature of funeral director GILLESPIE F.H.

(b) Address SEDALIA, MO

19. (a) 2-14-44 (b) Mr. Anna Beyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS
(c) City or town SEDALIA (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. R 5th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 12
year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-7- 1944, to 2-12- 1944
that I last saw him alive on 2-12- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Abnormal Congestive Heart Failure
Due to _____
Due to _____

Other conditions slight pleurisy
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____
Of autopsy none
PHYSICIAN 1572
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 0

23. Signature Alfred E. Moore (M. D. or other)
Address 1144 9 Sedalia Mo Date signed 2-14-44

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-7-44

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.....

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.