Dr Pearson 180

No. 2
M--2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8000

State File No.

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 So Carolina
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

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3. (a) PRINT FULL NAME MRS D'Nice Banister
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Isaac Allen Banister
6. (c) Age of husband or wife if alive, deceased years
7. Birth date of deceased Apr 19 (Month) 1858 (Day) (Year)
8. AGE: Years 85 Months 9 Days 28 If less than one day hr. min.
9. Birthplace Rogersville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Allen Cleek
FATHER 13. Birthplace (?) Dont Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dont Know
MOTHER 15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Sam Banister
(b) Address Louisiana Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Louisiana Mo
18. (a) Signature of funeral director J O Harry Jr
(b) Address Louisiana Mo
19. (a) 2/17/44 (Date received local registrar) (b) J O Harry Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17 year 1944 hour 9 minute 20 A. M.
21. I hereby certify that I attended the deceased from February 4th 1944 to Feb 17 1944 that I last saw her alive on Feby 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia 1 week
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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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? Means of injury
23. Signature J M Pearson (M. D. or coroner)
Address Louisiana Mo Date signed 2/17-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-499
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 George O Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O Wagner

Licensed Embalmer No. 23473

P. O. Address Louisiana, 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.