S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14288

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 127

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL O
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY 1/4
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 212 E 5TH St. 1
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 2
If yes, name country O

3. (a) PRINT FULL NAME LORA BANNING
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 DK. 9
6. (b) Name of husband or wife CHAS. BANNING
6. (c) Age of husband or wife if alive DK. years
7. Birth date of deceased DK (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	62			hr. min.

9. Birthplace DK. 9 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business
FATHER
12. Name DK.
13. Birthplace DK. 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name DK
15. Birthplace DK. 9 (City, town, or county) (State or foreign country)
16. (a) Informant CALLAWAY HOSPITAL RECORDS
(b) Address FULTON, MO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APR. 9. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MOUND-CITY, MO
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.
19. (a) Apr. 9. 1944 (Date received local registrar) (b) Joyce Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1944 hour 3 minute 51 P.M.
21. I hereby certify that I attended the deceased from Sept. 24, 1943, to April 8, 1944
that I last saw her alive on April 8, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chr. myocarditis	1 yr.
Due to arteriosclerosis: chr. nephritis with hypertension	1 yr.
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

131 b

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? (e) Means of injury
23. Signature Henry Dunst (M. D. or other) M.D.
Address Fulton, Mo. Date signed 4/13/44

1147

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44

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 Glen J. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.