

No. 2
-9.4-41
-17-39
X29484

FILED MAY 10 1944

Registration District No. 2224

Primary Registration District No. 6219

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Drywood Township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rural
(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 0

3. (a) PRINT FULL NAME Nolan Elwood Banes

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Loretta Banes 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Sept. 8 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business
12. Name Virgil George Banes
13. Birthplace Missouri MO
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Zey
15. Birthplace California Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs. Loretta Banes
(b) Address Sheldon, Mo.

17. (a) Burial (b) Date thereof Apr. 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon, Cemetery

18. (a) Signature of funeral director G. B. Beeny & Sons
(b) Address Sheldon, Mo.

19. (a) 47 29-47 (b) G. P. Thruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on Deed on arrival, 19 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to
Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Sheldon (M.D. or other) 2
Address Sheldon Mo Date signed 4-28-44

1224

RECEIVED

District Health Officer No. 12

District File Number

4-44-615

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.