

FILED JUL 20 1944

State File No. _____

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Quincy MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
128 E. Anderson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 10 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Quincy MO 55
(If outside city or town limits, write "RURAL")
(d) Street No. 128 E. Anderson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED B O'BANION

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

4. (Sex M Color or race W)
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 11 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 9 hr. min.

9. Birthplace Stone county MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name J. E. O'Banion
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Nickman
15. Birthplace Green County MO
(City, town, or county) (State or foreign country)

16. (a) Informant V. E. Anderson
(b) Address Quincy MO

17. (a) Burial (b) Date thereof 6/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Ernest H. ...
(b) Address Quincy MO

19. (a) 6-21-44 (b) Eunice Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1944 hour 4:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to June 20 1944
I last saw him alive on June 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Gastric ulcer
Duration not known

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

Major findings: Of operations 9321
Of autopsy _____
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? _____ (c) Means of injury _____

23. Signature W. L. Smith MD
Address Quincy MO Date signed 6/21/44

1156

(Licensed Embalmer's Statement on Reverse Side) 121 N Pleasant

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

55
1
1

JUL 25 1944

RECEIVED

District Health Officer No. 6;

District File Number 744-839

Date Filed JUL 17 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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Oscar L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Quincy MD*

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.