V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25807

Registration District No. 321 — Primary Registration District No. 6083 — Registrar's No. 16

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Nelson Nelson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Nelson 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA BANKS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 3 Fe

5. Color or race B

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Richard Banks

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 13 - 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Ruben Banks
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Susan Freeman
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Richard Banks
(b) Address Nelson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) July 13, 1944 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 12-44 9 AM, 19 to July 12 - 1944 that I last saw her alive on July 12 10 PM 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hy. Cardiitis Chronic Nephritis Arterio sclerosis

Due to Extreme Obesity and Senility

Due to

Other conditions
(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.

131 P

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 0

23. Signature R. W. Stouffer (M. D. or other)

Address Nelson, Mo. Date signed 7/15-44

1255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
File Number
8-7-44

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.