

FILED OCT 6 1944

Registration District No. 139

Primary Registration District No. 4771

Registrar's No. 64

1. PLACE OF DEATH: Holt

(a) County _____

(b) City or town _____ Mound city.

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt

(c) City or town Near Mound city, Mo
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Alfred Banning.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 14th, 1876.
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Story City, Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business _____

12. Name Henry P. Banning

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann (State or foreign country)

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martha Ann Banninger

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof Sept 13, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director W. G. Crawford

(b) Address Mound City, Mo.

19. (a) 9-13-44 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1944 hour 9 pm minute 15 P. M.

21. I hereby certify that I attended the deceased from June 25
in Mo, to Sept 10, 1944;
that I last saw him alive on Sept 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prostration from P. B. lungs

Due to _____

Due to Had Bronchitis for few years

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

Major findings: _____

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Gas Chancy (M. D. number) _____
Address Mound city, Mo Date signed 9-11-44

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

STANDARD RESERVED FOR BINDING

FORM 1-17-43 REV. 1-1-44 I X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *W. L. Crawford*
Licensed Embalmer No. *1824*
P. O. Address *Marion, Ky. 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, above space should be left blank.