

No. 2  
1-2-43  
5-17-39  
1 X35697

FILED DEC 13 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5653

Registrar's No. 15-8

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon  
(If outside city or town limits, give "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2043 days  
(Specify whether)

In this community 2043 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leola K. Banta

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Dec. 16 1907  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3d  
year 1944 hour 5:55 minute A M.

21. I hereby certify that I attended the deceased from February 28, 1939 to Oct. 3, 1944  
that I last saw her alive on Oct. 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Over Nine Years

8. AGE: Years Months Days If less than one day

36 9 28 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions 13 1/2  
(Includes pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Frank H. McPherson

13. Birthplace La Fontain Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Effie Melton James

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 10-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Ash Grove

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury? \_\_\_\_\_

18. (a) Signature of funeral director Morgan Roman

(b) Address Ash Grove Mo.

23. Signature G. F. Lyberson (M. D. or other) M.D.

19. (a) Dec 9 1944 (b) Andy Crawford  
(Date received local registrar) (Registrar's signature)

Address Mt. Vernon, Mo. Date signed 10-3-44

1338

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

001  
Andy Crawford

RECEIVED  
District Health Officer No. 6,  
District File Number 1244-1327  
Date Filed DEC 11 1944

DEC 14 1944

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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

*E. R. Lerman*  
.....  
Licensed Embalmer No. 3297

P. O. Address Miller 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.