

FILED JAN 23 1985

Primary Registration District No. 4552

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Inter GRAVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RYANS Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME MARTHA ELIZABETH BANEY

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May 9 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fate SPARKS
13. Birthplace Ile
(City, town, or county) (State or foreign country)
14. Maiden name ANGELINE Mobley
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas BANEY
(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof Dec 15 1984
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Aunt

18. (a) Signature of funeral director Rayford P. Elliott
(b) Address Cabool Mo.

19. (a) 12-15-44 (b) H. M. Loeber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iowa 107
(c) City or town Rural South of Cabool
(If outside city or town limits, write "RURAL" and location)
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1984 5-hour _____ minute 0 A.M.

21. I hereby certify that I attended the deceased from 12/6 to 12/13 1984

that I last saw her alive on 12/2 1984

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration _____

Due to _____

Due to 108

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 R. A. Ryan (M. D. or Father)

Address Midway Date signed 12-14-84

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

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.....

Gaylord V. Bell

Licensed Embalmer No.....

225-2

P. O. Address.....

Cabot 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.