

FILED JAN 22 1945

Registration District No. 11

Primary Registration District No. 5043

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Sugar Creek 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. 1
(Specify whetherIn this community
years, months or days)

3. (a) PRINT

FULL NAME Martha Jane Banks

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John Banks 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased April 7 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Mitchel
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Alma M. Martin
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Banks
(b) Address Seligman, Missouri
17. (a) Burial (b) Date thereof 12-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dent

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri

19. (a) Jan 10 - 1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Dec.
Dec. 18, 1944, to Dec. 23, 1944,
that I last saw her alive on Dec. 23, 1944,
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar pneumonia

Duration

Due to acute frontal sinusitis.

Due to

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 sta-
tistically.

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)
(c) Means of Injury 2

23. Signature Dr. Chas. R. Brown (M. D. or other) D.O.
Address Seligman Mo. Date signed 12/26

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..... *Margaret Culver*

Licensed Embalmer No..... *4389*

P. O. Address..... *Cassville,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. Feb
Registrar's No. 80Registration District No. 11Primary Registration District No. 5043

1. PLACE OF DEATH:

- (a) County Bany
(b) City or town Rural
(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 years, months or days)

3. (a) PRINT
FULL NAMEMartha J. Banks

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 W
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive 1944
7. Birth date of deceased April 7
(Month) (Day) (Year)

8. AGE: Years
- 79
- Months
- 8
- Days
- 10
- min.
- 10
-
- If less than one day

9. Birthplace
- Ark.
-
- (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 23 Year 1944 Hour 10 Minute 30
21. I hereby certify that I attended the deceased from Dec 23 1944
that I last saw him alive on Dec 23 1944
and that death occurred on the date and hour stated above.
Immediate cause of death

- Due to Broncho pneumonia
Due to
Other conditions Acute sinusitis
(Include pregnancy within 3 months of death)

- Major findings:
-
- Of operations

- Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Dr. Chas Brown (M. D. or other) Dec
Address Saliguard Mo Date signed 12/24/46

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

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