

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10368

FILED APR 10 1945

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
104-E Morgan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LAURA POWELL BANKS

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

4. Sex F 3 5. Color or Race Days
6. (a) Name of husband or wife Oliver Banks
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased 10 27 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Self

12. Name Unknown

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

14. Maiden name Fannie Byrd

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

16. (a) Informant Fredonia Kingberry

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 3-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

18. (a) Signature of funeral director F. D. McGuire

(b) Address Sedalia Mo

19. (a) 3-30-45 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town 104 E Morgan
(If outside city or town limits, write "RURAL")
(d) Street No. Sedalia Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1945 hour 2:30 minute 17 M.

21. I hereby certify that I attended the deceased from Nov 1 1944 to March 28 1945
that I last saw her alive on March 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 of physician B. C. Nunnery (M. D. number)

Address Sedalia Mo Date signed 3/30-45

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

P
L. J. H. H. H. Officer No. 8,
District File Number
Date Filed 1/17/73

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 F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.