

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

State File No. _____

FILED MAY 9 1945 75
Registration District No. _____

Primary Registration District No. 5942

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Twp. of Reels - 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 years, months or days) _____ years

3. (a) PRINT FULL NAME John Banse

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married married
6. (b) Name of husband or wife Ruth Banse
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Banse

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

14. Maiden name Wann

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

16. (a) Informant Gray Banse

(b) Address 20 Jayette Dr.

17. (a) Burial (b) Date thereof 4-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural

18. (a) Signature of funeral director Ruth Banse

(b) Address Phelps

19. (a) 4-6-1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 20 1945, to Apr 1 1945;
that I last saw him alive on Mar 30 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration Immediate

Due to _____
Due to 940

Other conditions Pericarditis Arteriosclerotic
(Include pregnancy within 3 months of death) 2 yrs

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. E. Fould (M. D. or other)
Address Phelps Mo Date signed 4-5-45

1090

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..... *S. L. V. Jurell*

Licensed Embalmer No. *3394*

P. O. Address..... *Rolla 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.