

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4411

14254
State File No.

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green Mo.
(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 NAME HARRIET VIRGINIA BANKHEAD

3. (b) If veteran, name war. 7 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm C Bankhead 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct 5 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 20 hr. min.

9. Birthplace PIKE CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry Business

12. Name Thomas B. McHenry

13. Birthplace Montgomery Co. MO.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Magan Michie

15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harner McHenry

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof 3 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director Frank B. Bankhead

(b) Address Bowling Green Mo.

19. (a) March 30 45 (b) Wm Frank Landon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Bowling Green Mo.
(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 X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1945 hour 3 minute 1 M.

21. I hereby certify that I attended the deceased from April 1st 1943 to Mar 20th 1945
that I last saw him alive on Mar 25th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations 940

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) (c) Means of injury

23. Signature J. B. Ryce M.D. (M. D. or other)

Address Bowling Green Mo. Date signed 3/24/45

NOV 9 1956

NOV 20 1956

JUN 12 1945

RECEIVED

District Health Officer No. 10

District File Number 4-45-614

Date Filed APR 13 1945

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

Grace Benfield

Licensed-Embalmer No. 2204

P. O. Address Bowling Green 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.