

STANDARD CERTIFICATE OF DEATH

State File No. 37326

FILED DEC 7 1945
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town _____
(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 Life
years, months or days

3. (a) PRINT FULL NAME ACY OLLIE BANKS

3. (b) If veteran, name war No
3. (c) Social Security No. 490-05-9085

4. Sex M 2
5. Color or race B
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased 3 8 14 96
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation Mechanic

11. Industry or business _____

12. Name Dave Banks
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Wesley
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Virgie White
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation col cemetery

18. (a) Signature of funeral director Fred Weckman
(b) Address Clinton Mo

19. (a) 11-29-45 (b) R. B. Denny
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 904 N Washington?
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26
year 1945 hour 8:35 minute PM M.

21. I hereby certify that I attended the deceased from 11-19 1945 to 11-26 1945
that I last saw him alive on 11-25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 9 day
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 830
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 DO
23. Signature R. J. Powell (M.D. or other) DO
Address Clinton Mo Date signed 11/29/45

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

MOTHER FATHER

FEB 14 1946

RECEIVED

Officer No. 7,

11-45-116.6

Date 12-6-45

FEB 18 1946

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.