

S. No. 2
M-5-43
7-5-17-39
p 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40398

Registrar's No. 94

FILED JAN 14 1946

Primary Registration District No. 5058

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether
In this community all her life years, months or days)

3. (a) PRINT FULL NAME Aida Lucretia Banks

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

4. Sex 7-1 5. Color or race w- 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alba Banks 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept. 28 - 1884 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 9 hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name Therese Fleutwood

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

14. Maiden name Alta Jane Ball

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

16. (a) Informant Alba Banks

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof Dec. 7-45 (Month) (Day) (Year)

(c) Place: burial or cremation New Site

18. (a) Signature of funeral director E. H. Blumenship

(b) Address Monett, Mo.

19. (a) 12-7-45 (b) W. M. West (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Barry 5
(c) City or town Monett, (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(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 4 year 1945 hour 80 minute 00 a.m.

21. I hereby certify that I attended the deceased from Jan 1 to Dec 4 1945
that I last saw her alive on Dec 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

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?

(Specify type of place)

While at work (e) Means of injury

23. Signature E. H. Blumenship (M. D. or other) 2 Do.

Address Monett, Mo. Date signed 12-7-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-72
Date Filed JAN 11 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 L. H. Blansenship
Licensed Embalmer No. 2297-
P. O. Address Monett, 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.