

FILED JUN 10 1946

Registration District No. 703

Primary Registration District No. 3018

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem, 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 Refa 3 years.
years, months or days

3. (a) PRINT FULL NAME Reba Roy Banks.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S, D

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

7. Birth date of deceased Jan - 5 - 1943
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Dana Bank.

13. Birthplace Wayne County mo. (City, town, or county) (State or foreign country)

14. Maiden name Pearl Kirk.

15. Birthplace Texas Co. mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dana Banks.

(b) Address Salem, mo.

17. (a) Burial. (b) Date thereof 5-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord, Cemetery.

18. (a) Signature of funeral director Robert Brantton

(b) Address Salem, mo.

19. (a) 5-14-46 (b) M. M. Hart, M.D. by M.S.G.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent 33

(c) City or town Salem
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-28-44, 19____, to 5-12-46, 19____;
that I last saw h. ✓ alive on 5-11-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Amyloid degeneration life

Due to hepatic

Due to _____

Other conditions hepatic enlargement life
(Include pregnancy within 6 months of death)

PHYSICIAN _____

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) (Means of injury)

Signature M. M. Hart M.D. (M. D. or other) M.D.

Address Salem, mo. Date signed 5/14/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 646396

Date Filed 6-6-46

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 Max L. Wenzel

Licensed Embalmer No. 4170

P. O. Address Salmon, 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.