

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 2 1946 STANDARD CERTIFICATE OF DEATH

19798

State File No. _____

Registration District No. _____

Primary Registration District No. 5887

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town RURAL - Fishing River Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
PRATHERSVILLE COMMUNITY
(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)

In this community 18 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY

(c) City or town EXCELSIOR SPRINGS - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. PRATHERSVILLE COMMUNITY
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SARAH ANN BANNING

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LEWIS BANNING 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased MAY - 2 - 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 1 15 _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business AT HOME

12. Name JOSHUA ROGERS

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

14. Maiden name LYDIA RICKEY

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

16. (a) Informant Mrs George Morris

(b) Address EXCELSIOR SPRINGS, MO.

17. (a) BURIAL (b) Date thereof 6-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEM.

18. (a) Signature of funeral director Claude Richard

(b) Address EXCELSIOR SPRINGS, MO.

19. (a) 6/20/46 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17TH
year 1946 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 12/18/46
19____, to 6/17 1946;
that I last saw her alive on June 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, General myocarditis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 17

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 _____

23. (Signature) MR M. Cruden (M. D. or other) MD

Address Excelsior Springs, MO Date signed 6/19/46

Duration _____ years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-24-46

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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 Ed White

Licensed Embalmer No. 7168

P. O. Address Excelsior Springs, 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.