

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

FILED AUG 19 1946
Registration District No. 11 Primary Registration District No. 5044 State File No. 26193 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural Washburn Twp
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME JACKIE DALE BANKS
3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased June 28 - 1946
(Month) (Day) (Year)

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

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

10. Usual occupation Child

11. Industry or business

12. Name Floyd Banks

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

14. Maiden name Hattie Hendricks

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

16. (a) Informant Floyd Banks

(b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof 7-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dent Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Aug 1 - 1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19
year 1946 hour 6 minute P M.
21. I hereby certify that I attended the deceased from June 20, 1946 to July 19, 1946
that I last saw him alive on July 18, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Convulsions
Duration

Due to Fatal Heart
Due to and digestive disorder
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations gl
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 2
23. Signature C. R. Brown (M. D. or other) CC
Address Saligman Mo Date signed 7/21/46

RECEIVED
District Health Officer No. 6,
District File Number 846-864
Date Filed AUG 14 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 Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.