

FILED SEP 14 1946

Registration District No. 322

Primary Registration District No. 4471

Registrar's No.....

1. PLACE OF DEATH: **Saline**

(a) County **Saline**

(b) City or town **Gilliam**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**
(Specify whether years, months or days)

In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline** **97**

(c) City or town **Gilliam**
(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.....

3. (a) PRINT FULL NAME **Lula Martha Jane Banks**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **negro**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Geo. Banks**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased: **March 2 1889**
(Month) (Day) (Year)

8. AGE: Years **57** Months **5** Days **1**
If less than one day hr. min.

9. Birthplace **Chariton County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **XXXXXXX**

11. Industry or business **housewife**

12. Name **T. Williams**

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

14. Maiden name **Cassie Moore**

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

16. (a) Informant **Geo. Banks**

(b) Address **Gilliam, Mo.**

17. (a) **burial** (b) Date thereof **Aug 6, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater, Mo.**

18. (a) Signature of funeral director **Hill Brothers, Slater, Mo.**

(b) Address.....

19. (a) **Sept 3, '46** (b) **Ms. Earl C. Metz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **3rd**
year **1946** hour **3** minute **p** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac failure-subacute 4 wks**

Due to: **Cancer of Left breast 2 yrs**

Due to: **& generalized metastasis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **50**

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 **C.A. McBurney**
Address **Slater, Mo.** Date signed **8/5/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17
0
0

28927

292

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-14-46

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 Sam M Hill
Licensed Embalmer No. 1292
P.O. Address Slater 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.