. S. No. 2
0M—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

353

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36505

Registration District No. 84 Primary Registration District No. 5320 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town "Rural" Palestine
(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 — (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mile South Speed, Mo 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country Native

3. (a) PRINT FULL NAME William Oliver Banta

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Ella Banta

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

7. Birth date of deceased January (Month), 30th (Day), 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	9	28	hr. min.

9. Birthplace Cooper County (City, town, or county), Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Unknown 11
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Earl Banta (Son) 1

(b) Address Bunceton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/46 (Month) (Day) (Year)

(c) Place: burial or cremation Speed Cemetery

18. (a) Signature of funeral director James E. Richards

(b) Address Lipton Mo

19. (a) 12/3/46 (Date received local registrar) (b) Nellie Mullett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th. year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 27, 1946 to Nov 28, 1946 that I last saw him alive on Nov 28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Epilepsy	3
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83A

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A L Meredith (M. D. or other) mal

Address Prairie House Mo Date signed 4/30/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-11-46

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.