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FILED DEC 24 1946

Registration District No. 227

Primary Registration District No. 5900

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 12 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Harvey Richard Banks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 19 1934
(Month) (Day) (Year)

8. AGE: 12 Years 4 Months 24 Days
If less than one day hr. _____ min. _____

9. Birthplace Hayti - MO
(City, town, or county) (State or foreign country)

10. Usual occupation Public School

11. Industry or business _____

12. Name Harvey Banks

13. Birthplace Hayti City - Missi
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Banks

15. Birthplace Hayti - Missi
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Banks

(b) Address Hayti - MO

17. (a) Buried (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti - MO

18. (a) Signature of funeral director J. J. Smith

(b) Address Hayti - MO

19. (a) 12-16-46 (b) J. Kellen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles West of Hayti - MO
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1946 hour 7 minute 30 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 Burned to death in the Family Home Duration _____

Due to _____

Due to Home burning

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

Major findings: _____

Of operations 181

Of autopsy 15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 78

(b) Date of occurrence 12/13/46

(c) Where did injury occur? Pemiscot Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Jack Kelly Coroner

Address Hayti Mo. (Box or other) Box
Date signed 12/13/46

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

12-46-268

FEB 3 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.