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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43696**

Registration District No. **248**

Primary Registration District No. **4369**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Sereea
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 17
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 90 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oklahoma (b) County Seminole
 (c) City or town Seminole
(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 Mary Elizabeth Willbanks
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 5
 year 1946 hour 5 minute 10 P.M.
 21. I hereby certify that I attended the deceased from Nov. 30,
 1946, to Dec. 5, 1946.
 that I last saw her alive on Dec. 4, 1946.
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W.
 6. (a) Single, widowed, married, divorced wid.
 6. (b) Name of husband or wife John H. Willbanks
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec. 14 1863
(Month) (Day) (Year)

Immediate cause of death Cancer of Bowel
 Duration 1 yr.

8. AGE: Years 83 Months 0 Days 21
 If less than one day _____ hr. _____ min.

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

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

10. Usual occupation Housewife

MOTHER { 11. Industry or business _____
 12. Name Zachariah Barnett
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Melinda Smith
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations 46E
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 16. (a) Informant J. B. Willbanks
 (b) Address Guthrie, Okla.

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)

(c) Place: burial or cremation Guthrie Okla.
 18. (a) Signature of funeral director W. E. Biddlecome
 (b) Address Sereea Mo.
 19. (a) Jan. 13 - 1947 (Date received local registrar)
Nethie Norris (Registrar's signature)

While at work? _____ (Specify type of place)
 (b) Means of injury 21
 23. Signature W. B. Mendelhall M. D. or other _____
 Address Sereea Date signed 12/5/46

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

FEB 24 1947
FEB 20 1947

RECEIVED

District Health Officer No. Western
District File Number 147-7
Date Filed 1-20-47

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. ~~2174~~
working under my personal supervision.

Signed W G Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca, 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.