

FILED FEB 5 1947

Registration District No. 274

Primary Registration District No. 3052

State File No.

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 W. Johnson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs. years, months or days

3. (a) PRINT FULL NAME

Dan Bank

3. (b) If veteran, name war No

3. (c) Social Security No. 491-07-6235

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Banks
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 18 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Arrow Rock Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

12. Name Robert Banks
13. Birthplace Arrow Rock Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Banks
(b) Address 405 W. Johnson, St. - Sedalia, Mo.

17. (a) Burial (b) Date thereof 1-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crownhill Annex

18. (a) Signature of funeral director J. P. Alexander
(b) Address Sedalia, Mo.

19. (a) 1-11-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 405 W. Johnson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1947 hour Twelve minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 16 - 1946 to Jan 6 - 1947
that I last saw him alive on Jan 6 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral apoplexy
Due to Cerebro-sclerotic
hypertension

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

Major findings: Of operations 63P
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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature A. R. Madrox (M. D. or other) M.D.
Address 116 1/2 W. Main Date signed 1-7-47

R
District Health Officer
District File Number
Date Filed 1-25-47

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.....
working under my personal supervision.

Signed.....*J. P. Alexander*
Licensed Embalmer No. *4746*
P. O. Address *Sedalia 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.