

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1947

State File No.

23100

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County SHANNON
(b) City or town ROUND SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 15 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN WESLEY BANKS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MIRADA ADELINE BANKS 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased MARCH 16 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 17 — hr. — min.

9. Birthplace SHANNON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation STATE PARK KEEPER

11. Industry or business M.O. STATE PARK SYSTEM

MOTHER FATHER { 12. Name LUM MORGAN BANKS
13. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name FRANCES SUMMERS
15. Birthplace SHANNON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Banks
(b) Address Round Springs, Mo.
17. (a) BURIAL (b) Date thereof MAY 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEN EMINENCE CEMETERY

18. (a) Signature of funeral director Hobson & Brantman
(b) Address SALEM, MO.
19. (a) 5-20-47 (b) Michael Roelke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SHANNON
(c) City or town ROUND SPRINGS
(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 —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3
year 1947 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from May 1
May 3 1947, to May 2 1947;
that I last saw him alive on May 2 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Broncho Pneumonia Duration

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

Major findings:
Of operations 327A
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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature Frank Hyde (M. D. or other)
Address Eminence Date signed 5-4-47

RECEIVED

District Health Officer No. 8,

File No. 647308

6-16-47

JUN 18 1947

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.....

Edward F. Brayles....., Registered Apprentice No. 435
working under my personal supervision.

Signed.....

Max L. Waigel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.