

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23581**
Registrar's No. **31**

Registration District No. **50**

Primary Registration District No. **4071**

1. PLACE OF DEATH:

(a) County **Camden**
(b) City or town **Camdenton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **41 years** (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Mamma Matelda Banner**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Al Banner deceased** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 25 1861**
(Month) (Day) (Year)

8. AGE: Years **86** Months **00** Days **00**
If less than one day _____ hr. _____ min.

9. Birthplace **Wilkes County, North Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **none**

12. Name **Rubin Wooten**

13. Birthplace **(?) N.C.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mamma Derden**

15. Birthplace **(?) N.C.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucile Martin**

(b) Address **Camdenton, Mo**

17. (a) **Burial** (b) Date thereof **5/27/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rosch**

18. (a) Signature of funeral director **Barbara Woolery**

(b) Address **Camdenton, Mo**

19. (a) **Aug 9-1947** (b) **Alpha J. Inaw**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Camden**
(c) City or town **Camdenton**
(If outside city or town limits, write "RURAL")
(d) Street No. **Gen Del.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1947** hour **9** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug 25**, 19**47**, to **Aug 25**, 19**47**
that I last saw him alive on **Aug 25**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **8c**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no**

Of autopsy **no**

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 **L**

23. Signature **A. J. Inaw** (Date of death) **Aug 25 1947**

Address **Camdenton, Mo** Date signed **8-27-47**

(Licensed Embalmer's Statement on Reverse Side)

no

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

RECEIVED
District No. 7,
District File Number 7-47-565
Date Filed 8-13-47

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

Phil Bankson Wool

Licensed Embalmer No.

2488

P. O. Address

Camden, Md

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.