

FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23824

Registration District No. 101

Primary Registration District No. 5398

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava, Rural Buchanan
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Leroy Banta

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Bellinger Banta
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 16, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Woodland, Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Samuel Banta

13. Birthplace North Manchester, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah H. York

15. Birthplace Egonsport, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Banta

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 6-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral H. Ava, Missouri
(b) Address _____

19. (a) July 3-47 (b) Vestal Buchanan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-9-
1947 to 6-9-
1947
that I last saw him/her on 6-9-
1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

Due to chronic myocardial infarction

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

Major findings: Of operations _____
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 _____

23. Signature M. C. Gentry (M. D. or other)
Address Ava, Mo. Date signed 6-13-47

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

34
00

34
00

RECEIVED

District Health Officer, No. 6;

District File Number 747-701

Date Filed JUN 21 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W.B. Matheson

Licensed Embalmer No. 3431

P. O. Address: Over 710

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.