

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24016

State File No.

Registrar's No.

FILED AUG 14 1947

Registration District No.

Primary Registration District No.

3024

37

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(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 All her life
years, months or days)

3. (a) PRINT Evelyn Banks
FULL NAME

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

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

6. (b) Name of husband or wife Asbury Banks
6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased September 29, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 12 hr. min.

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

10. Usual occupation At home

11. Industry or business ---

12. Name Neal Hayes
13. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Diana Patterson
15. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tommy Banks
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/47
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 7-17-47 (Date received local registrar) (b) Docthy J. Carr (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(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 July day 11th
year 1947 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from July 5
2, 1947 to July 11, 1947
that I last saw her alive on July 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Essential Hypertension, in

Due to -----

Other conditions Extreme obesity
(Include pregnancy within 3 months of death) unknown

Major findings: Of operations 83 A

Of autopsy -----

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 Docthy J. Carr (M. D. or other) Myself
Address Fayette, Mo. Date signed 7/17/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

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. 461, working under my personal supervision.

Signed

Raymond A. Carr
Licensed Embalmer No. 3340

P. O. Address

Myrtle 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.