S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29 1947

Registration District No. 1336

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28075

Primary Registration District No. 2001

Registrar's No.

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

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. Freeman Hosp. 5
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Patrica Lee Bankson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F. /

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug (Month) 7 (Day) '47 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Mo (State or foreign country) O

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Robert E. Bankson /
13. Birthplace Galena (City, town, or county) Kans (State or foreign country)

MOTHER
14. Maiden name Ima Jean Swager
15. Birthplace Lawton (City, town, or county) Kans. / (State or foreign country)

16. (a) Informant R. E. Bankson
(b) Address Galena, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Galena Kans.

18. (a) Signature of funeral director Hamlin Funeral Home
(b) Address Galena, Kans.

19. (a) 8-11-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1947 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11 00 am 7 Aug 1947, to 10 05 pm 7 Aug 1947 that I last saw her alive on 7 Aug 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Atelectasis

Due to Aspiration occlusion of Bronchus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy 160

Duration

PHYSICIAN

Underline the cause of 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 O

23. Signature Robert G. Powell (M. D. ~~or other~~)

Address 611 ½ Main Galena Kans Date signed 9 Aug 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-698

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: Ralph A. Thornhill

Licensed Embalmer No. 3590

P. O. Address: Japan, Ohio

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.