No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 2249

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4340

State File No. 1837

Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Monroe
(b) City or town: Stoutsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stoutsville; Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life Time (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Monroe
(c) City or town: Stoutsville
(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:

69
0
0
0

3. (a) PRINT FULL NAME: WILLIAM HENRY BANNISTER
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hattie Lee
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: October (Month) 6 (Day) 1872 (Year)

8. AGE: Years 75 | Months 3 | Days 4 | If less than one day: hr. min.

9. Birthplace: Monroe County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Rail Road Maintainer
11. Industry or business:

FATHER
12. Name: Gustavis Bannister
13. Birthplace: Monroe County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Katherine Gibbs
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: E. McCullough
(b) Address: Stoutsville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Stoutsville Cemetery
18. (a) Signature of funeral director: Wilson & Sons
(b) Address: Monroe City; Mo
19. (a) 1-13-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1948 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 8 1947 to Jan 9th 1948 that I last saw him alive on Jan 9th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	4 Days
Due to: Cerebral Arteriosclerosis	2 yr
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations: N/A	
Of autopsy:	

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:

23. Signature: Elbert Baker (M. D. or other)
Address: Paris Date signed: Jan 12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-48-125
JAN 19 1948
Date Filed

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 Me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 03014

P. O. Address Bloomfield City, 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.