

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7725

Registrar's No. 23

FILED MAR 18 1948

Registration District No. 2

Primary Registration District No. 5058

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett Rural Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community All of Life

3. (a) PRINT FULL NAME George Arthur Banks

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

4. Sex M. 5. Color or race W.
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased February 22 1913
(Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business None

MOTHER FATHER { 12. Name Alba Banks 0
13. Birthplace Missouri (State or foreign country)
14. Maiden name Ada F. Wood 0
15. Birthplace Monett, Mo. (State or foreign country)

16. (a) Informant Alba Banks
(b) Address R.F.D. Monett, Mo.
17. (a) Burial (b) Date thereof Feb. 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Site Cemetery, near Monett
18. (a) Signature of funeral director Bennett-Wormington
(b) Address Monett, Mo.
19. (a) 3-1-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1948 hour 10:00 minute a M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on after death 2-26- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot with 410 shot gun. Shot entered between right eye and nose.
Due to accident, according to all indications

Due to None
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations 184
Of autopsy 117

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Feb 26, 1948
(c) Where did injury occur? "Rural" Barry Mo.
(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? No (e) Means of injury shot gun
23. Signature J. P. Buchanan (M.D. or other) Coroner
Address Monett, Missouri Date signed 2-28-48

RECEIVED

District Health Officer No. 6;

District File Number 348-288

Date Filed MAR 16 1948

MAR 19 1948

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

H. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.