

S. No. 306
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9727**
Registrar's No. **38**

Registration District No. **278**

Primary Registration District No. **3054**

52
2
1

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
Pike Co. Hospital
(If not in hospital or institution, write street number or location)

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

In this community Lifetime
(Specify whether years, months or days)

3: (a) PRINT FULL NAME EMMA DORA BANISTER

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color, or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Banister

6. (c) Age of husband or wife if alive 1877 years

7. Birth date of deceased: April 7 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	11	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name John Allen

13. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emily M. Stout

15. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theophilus Waters

(b) Address Louisiana, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3/27/48
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana, Missouri

19. (a) 3/27/48
(Date received local registrar)

(b) Bernice Collier
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 1
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1946, to 3-23-48,
that I last saw her alive on 3-23-48,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 18 hrs

Due to Hypertensive Cardiovascular Disease 10 + yrs

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 Chas H Lewellen (M. D. or other) MD

Date signed 3/29/48

RECEIVED
District Health Officer No. 10
District File Number 4-48-658
Date Filed APR -7 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.....

Virginia M. Steene....., Registered Apprentice No. 491
working under my personal supervision.

Signed J. B. Steene.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana, 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.