

Registration District No. **1-94**

Primary Registration District No. **5710**

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

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **rural (Center)**
(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 _____
years, months or days

3. (a) PRINT FULL NAME **Ronald Armon Banks**

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 **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 3 1948**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **3** If less than one day _____ hr. _____ min.

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

10. Usual occupation **child**

11. Industry or business _____

12. Name **Armon Banks**

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

14. Maiden name **Vera Leene Patterson**

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

16. (a) Informant **Armon Banks**

(b) Address **Washburn, Missouri**

17. (a) **Burial** (b) Date thereof **3-7-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dent Cemetery**

18. (a) Signature of funeral director **Culver Funeral Home**

(b) Address **Cassville, Missouri**

19. (a) **April 21, 1948** (b) **O. E. Blumberg**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **McDonald**
(c) City or town **Rural (Center)**
(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 **March** day **6**
year **1948** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 3 1948** to **March 5 1948**;
that I last saw him alive on **March 6 1948**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Convulsions**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **g6**

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 **21**

23. Signature **Chas. R. Brown** M. D. or other **P.O.**
Address **Seligman Mo.** Date signed **3/7/48**

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.....

Paul D. Hembert

Registered Apprentice No. *54*

working under my personal supervision.

Signed *Margaret Culver*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.