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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948

STANDARD CERTIFICATE OF DEATH

State File No. 22101
Registrar's No. 66

Registration District No. 11

Primary Registration District No. 5044

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Washburn
(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)

3: (a) PRINT FULL NAME Neomi Elvira Wilbanks
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 Marion Wilbanks 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 17 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Henry Slavens
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Wemack
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Willard Wilbanks
(b) Address Seligman, Missouri

17. (a) Burial (b) Date thereof 6-29-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seligman Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri

19. (a) July 11-1948 (b) Grace Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Washburn (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 June day 28 year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from May 15 1948 to June 28 1948 that I last saw her alive on June 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

Duration
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?

(Specify type of place) While at work? (e) Means of injury

23. Signature C.R. Brown (M. D. or R.N.)
Address Seligman Mo. Date signed 7/2/48

RECEIVED

District Health Officer No. 6,

District File Number 848-853

Date Filed AUG 10 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.....

Glen R. Williams

Registered Apprentice No. 123

working under my personal supervision.

Signed *J. E. Culver*

Licensed Embalmer No. 3584

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.