

FILED AUG 17 1948

Registration District No. 379

Primary Registration District No. 6287

State File No.

Registrar's No. 6

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town PIASANT VALLEY - TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: 17 yrs years, months or days

3. (a) PRINT

FULL NAME Alice P. BANFIELD
3. (b) If veteran, name war: NO N.P. 3. (c) Social Security No. NO N.P.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife: FRED BANFIELD 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: AUG 17 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 14 hr. _____ min.

9. Birthplace BRIGHTON MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name WILLIAM J. IRBY
13. Birthplace GREEN CO MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name DIANATHIA TUCKER
15. Birthplace GREEN CO MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Mrs F.C. Mayo

(b) Address Manassett

17. (a) BURIAL (b) Date thereof: _____ (Month) (Day) (Year)

(c) Place: burial or cremation: HUFFMAN CEMETERY

18. (a) Signature of funeral director: G.A. Steffe

(b) Address MANASSETT

19. (a) 8/2/48 (b) Ruth Sims - Mpls. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town MANASSETT (If outside city or town limits, write "RURAL")
(d) Street No. 22115 N.W. OF MANASSETT ROAD (If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 1 year 1948 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from 7-1 to 7-8, 1948
that I last saw him alive on 7-20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Inter. Obstr. Nephritis + Inter. Insufficiency
Due to: Arterial Sclerosis
Due to: _____

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

Major findings: _____ Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(c) 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? _____ (c) Means of injury: fall

23. Signature J. A. Tison (M. D. or other) Manassett Mo
Address _____ Date signed 8-2-48

RECEIVED
District Health Officer No. 6,
District File Number 848-922
Date Filed AUG 10 1970

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

W. A. Stiff

Licensed Embalmer No. 3221

P. O. Address

Mansfield 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.