

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36301

State File No.

FILED DEC 13 1948
Registration District No. 382

Primary Registration District No. 4230

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Howard
 (b) City or town Armstrong Mo Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2 mi south of Armstrong
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 80yrs 8mo 22da (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Banning3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mrach 2 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 22 hr. min.

9. Birthplace Howard Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Banning
 13. Birthplace Dont Know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Agnes Terrill
 15. Birthplace Dont Know 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emmett Thurman
 (b) Address R. F. D. Armstrong Mo

17. (a) Burial (b) Date thereof Nov 26 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Church(d) Signature of funeral director Joe W Burton(b) Address Higbee Mo

19. (a) 11/27/48 (b) Walker Audsley
 (Date received at local Registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
 (c) City or town Yates Mo Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
 year 1948 hour 3 minute 55 p.m.

21. I hereby certify that I attended the deceased from June 1 1948 to Nov 24 1948
 that I last saw him alive on Nov 24 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 5 days

Due to myocardial failureDue to mitral stenosis

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)
 (c) Means of injury _____

23. Signature Walker Audsley (M. D. or other)Address Higbee Mo Date signed 11-27-48

410 (Successor Embalmer's Statement on Reverse Side)

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.....

E. C. Friemuth

Licensed Embalmer No.

3978

P. O. Address.....

Glasgow, 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.