

FILED DEC 14 1948

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **157**

1. PLACE OF DEATH:

(a) County **Lumpkin**
(b) City or town **Chellicoth Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Chellicoth Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lumpkin**
(c) City or town **Chellicoth Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **734 South Graves**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Bessie Louise Banks**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **F** 5. Color or race **Colored** 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 **Feb 2 1998**
(Month) (Day) (Year)

8. AGE: Years **51** Months **10** Days **0** If less than one day hr. min.

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

10. Usual occupation **Nurse (R.N.)**

11. Industry or business.....

12. Name **Thomas H. Banks**

13. Birthplace **Chariton Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Fula Agle**

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

16. (a) Informant **Annabelle Banks Potts**

(b) Address **Meadville, Mo.**

17. (a) **Burial** (b) Date thereof **12-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **South Bufft Cem.**

18. (a) Signature of funeral director **E. B. Schmitt**
(b) Address **Chellicoth Mo. 3227**

19. (a) **Dec 14/48** (b) **Frances B. Neill**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **2**
year **1948** hour **4** minute **20** A.M.

21. I hereby certify that I attended the deceased from **May 29**, 19**48**, to **2 Dec**, 19**48**.

that I last saw her alive on **2 Dec**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary congestion + edema**
Due to **Chronic subdural hematoma**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy **as above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident 59**
(b) Date of occurrence **29 May 1948**
(c) Where did injury occur? **Chellicoth Lumpkin Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
While at work? **no** (Specify type of place) (e) Means of injury **auto**
Signature **V. D. Vardwin** (M. D. or other)
Address **Chellicoth Mo** Date signed **2 Dec 1948**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2
45
39
47070
9

12-15
JAN 8 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Beckett*

Licensed Embalmer No. *3227*

P. O. Address *Chillicothe, 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.