" FIFR MAD	10.1046							Hyn.	4.0
MAK	1949 روبير	STA	NDARD CERTIF	ICATE OF DEA	ATH .	State	File No	(3)	LB
BIRTH NO. 49-0	15934	_ REG. DI	IST. NO	PRIMARY REG. DIST.	NO. 503	13 Regist	rar's No	19	
	ATH			2. USUAL RESID	ENCE (When	e decessed liv	ed. If inst	litution: resi	dence before
a. COUNTY Bar	rv			a. STATE 130 89	guri	b. COU	NTY B	erry	*dmi5(00).
		URAL and g	dre c. LENGTH OF	c. CITY (If outside our	porate limits, wr	to RURAL an			32
	. lown rura	- 702000		Suga	r cree	la lugo)			
HOSPITAL OR INSTITUTION	d. STREET ADDRESS	(U rurel, giff		· · · · · ·		<u> </u>			
3. NAME OF	a. (First)		b. (Middle)	c. (Last) 😽	4.		(Month)	(Day)	(Year)
	Donnie L	ee		Banks		DEATH	2-	25-	1949
5. SEX 6.	COLOR OR RACE	7. MARR	IED, NEVER MARRIED,	8. DATE OF BIRTH	9.	AGE (In year	o if them	1 YEAR F	MOER 11 HRS.
male M	white			Feb-1-1949	9	es ormay)		25" "°	ura Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR			D OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign count	.)	Ī	12. CITIZE	N OF WHAT
done during most of worki	ing ilie, even if retired)	1	DUSTRY	Missouri	1	r)	- 1	COUNTR	Y7
13a. FATHER'S NAME		1	36. MOTHER'S MAIDEN		14. NAME	F HUSBAND	OR WIF		·
Jav Ban	ks	l	Marjorie P	utnam					
15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY		S SIGNATI	RE OR N	ME	AD	DRESS
(Yes, no, or unknown) (If	yes, give war or dates	of service)	NO.	Jay Banks	3	Wa	shbu	rn. M	10.,
18. CAUSE OF DEATH		· · · · ·	MEDICAL O						BETWEEN
Enter only one cause per	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DEA	ATH'(n)	nul non.				UNSELA	NO DEATH
ine for (a), (b), and (c)	1		(a) ————————————————————————————————————		~				
*This does not mean ANTECEDENT CAUSES							1		
as heart failure, asthenia,	rise to the above cause (a) stating								
etc. It means the dis-	ine undersying can	we tust.	DUE TO (c)					1	
tion which coused death.	II. OTHER SIGNIE	FICANT CO		E WE FOR					
Conditions contributing to the death but not related to the disease or condition causing death.				1120					
19a. DATE OF OPERA-	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION						-	20. AUTO	PSY1
TION	1	•						YES [No 🗌
21a. ACCIDENT	(Specify)	21b. PLACE	OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP)	(СΟ	UNTY)		ATE)
SUICIDE HOMICIDE	1	home, farm, f	actory, street, office bidg., etc.)			•	•		
	(Day) (Year) (Hour) 21	1e. INJURY OCCURRED	21f. HOW DID INJURY	OCCUR7				
OF INJURY	•	W	HILE AT NOT WHILE	,					
22 I horoby soulifes	that I attanded t			1049. 10 In	1.25.	1949 11	hat I Ice	t som the	decensed
alive on Zeb	25 194	L and th	hat death occurred at	7 21 1	re causes ar				weekstu
23a. SIGNATURE			(Degree or title)	23b. ADDRESS					E SIGNED
la l	P.BA	mike	DO. 2	Voliano	m T	1/0.	٠	8-1	-49
		<u> </u>	24c. NAME OF CEMETER			N (City, tow	n, or coun	ity)	(State)
		949	•	, i	Barrv	Count	7	MO.	
		 						DRESS	
Mar 11-1949	arec	e U	rellians 1	1 S. E. Cu	lver	@	ass	ville	,
				statement on Reverse Sid					
	BIRTH NO. 49-0 I. PLACE OF DE. a. COUNTY BA T b. CITY (If outside or OR TOWN TU d. FULL NAME OF HOSPITAL, OR INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX 10a. USUAL OCCUPATIC done during most of works 13a. FATHER'S NAME JAY BAY 15. WAS DECEASED EVICYON, no. or unknown) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart fall we, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Moenth) OF INJURY 22. I hereby certify alive on Leb RAME (Report) 23a. SIGNATURE 24a. BURIAL. CREMATION, REMOVAL (Report) BUY 1 a 1	I. PLACE OF DEATH a. COUNTY Barry b. CITY (If outside corporate limits or the ROR TOWN rural Lugary of HOSPITAL OR HOSPITAL O	BIRTH MO. 49-00594 REG. D 1. PLACE OF DEATH a. COUNTY BRYY b. CITY (If outside corporate limits orthe RURAL and a TOWN YUTE1 GR TOWN YUTE1 JECEPASED OTYPE OF Print) 5. SEX OF COLOR OR RACE MISTITUTION 3. NAME OF (If not in hospital of institution, et HOSPITAL OR INSTITUTION) 3. NAME OF (If not in hospital of institution, et HOSPITAL OR INSTITUTION) 3. NAME OF (If not in hospital of institution, et HOSPITAL OR INSTITUTION) 3. NAME OF (If not in hospital of institution, et HOSPITAL OR INSTITUTION) 3. NAME OF (If not in hospital of institution, et HOSPITAL OR INSTITUTION) 3. NAME OF OPERA IN U.S. ARMED FORCES? (Type or Print) 10a. USUAL OCCUPATION (Give kind of work done during most of working ills, even if retired) 11b. KIN 12a. FATHER'S NAME JRY BRY KS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. CAUSE OF DEATH Enter only one courseper line for (a), (b), and (c) "This does not mean the discase of dying, such as heart fallure, esthenia, etc. It means the discase, injury, or compilication which coursed death. 15. DISEASE OR CONDITION DIRECTLY LEADING TO DE ANTECEDENT CAUSES 10b. KIN 10c. KIN 10c. KIN 10c. KIN	STANDARD CERTIF BIRTH NO. 49-005934 REG. DIST. NO	SIRTH NO. 49-005934 REC. DIST. NO. PRIMARY REC. DIST. 1. PLACE OF DEATH a. COUNTY BA TY D. CITY (If outside corporate limitar write RURAL and give for the place) OR OR OR OF DEATH A. COUNTY BA TY D. CITY (If outside corporate limitar write RURAL and give for the place) OR O	SIRTH NO. 49-005934 REG. DIST. NO. PRIMARY REG. DIST. NO. 505 I. PLACE OF DEATH a. COUNTY Barry b. CITY (If outside corporate limits/prite RURAL and sire grands) G. FULL NAME OF (If so it in beneficial is finisticules, give street address or location) G. FULL NAME OF (If so it in beneficial is finisticules, give street address or location) G. FULL NAME OF (If so it in beneficial is finisticules, give street address or location) G. FULL NAME OF (If so it in beneficial is finisticules, give street address or location) G. FURL NAME OF (If so it in beneficial is finisticules, give street address or location) G. STREET ADDRESS G. C. CLOR OR RACE NAME IS ADDRESS G. CLOR OR RACE NUMBER OF COUNTY IN COUN	STANDARD CERTIFICATE OF DEATH SIRTH NO. 49-015934 REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 50/3 Regist L. PLACE OF DEATH a. COUNTY Barry b. CITY OII coulded componite limits (write RURAL and after of DOWN rural with the place) C. CITY OII coulded componite limits (write RURAL and after of DOWN rural with the place) d. FULL NAME OF CITY of set in beneficial of finishicution, gives street addring or Jonation J. NAME OF CITY OII coulded componite limits (write RURAL and after of DOWN rural with the place) J. CITY OII coulded componite limits (write RURAL and after of DOWN rural with the place) J. CITY OII coulded componite limits (write RURAL and after of DOWN rural with the place) J. CITY OII coulded componite limits (write RURAL and after of DOWN rural with the place) J. CITY OII coulded componite limits, write RURAL and after of DOWN rural with the place of DOWN rural with place of Down rural with rural with place of Down rural with rural with place of Down rural with place of Down rural with place of Down rural with rural with place of Down rural with place of Down rural with place of Down rural with rural w	STANDARD CERTIFICATE OF DEATH BIRTH NO. # 9 - 0.593 # REG. DIST. NO. # PRIMARY REG. DIST. NO. 5043 Registror's No. 1. PRIMARY REG. DIST. NO. 5043 Registror's No. 5043 Registro	STANDARD CERTIFICATE OF DEATH SIRTH NO. 49-005934 REC. DIST. NO. 49 PRIMARY REC. DIST. NO. 503 Registrar's No. 9 L. PALACE OF DEATH a. COUNTY D. CRY (If controls corporate limits prins RURAL and error C. CITY (If controls corporate limits prins RURAL and error D. CRY (If controls corporate limits prins RURAL and error C. CITY (If controls corporate limits prins RURAL and error C. CITY (If controls corporate limits prins RURAL and error C. CITY (If controls corporate limits prins RURAL and error corporate limits and error corpora

RECEIVED District Health Officer No. 6, District File Number 349-311 Date Filed 3-17-49

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
	Student Embalmer No.
working under my personal supervision.	
Student	Signed Gless D Williams
Student Embalmer	Licensed Embalmer No. 465/

P. O. Address Cassuille 77 Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No. #65/

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.