.S. No. 300
EV. 10-48

0672

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

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17533

State File No.

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 503 So. First St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 9239
d. STREET ADDRESS (If rural, give location): 2313 So. 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Mae
c. (Last): Banks

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 31, 1925
9. AGE (In years last birthday): 24 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Rossville, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Howard J. Marney
13b. MOTHER'S MAIDEN NAME: Gladys Gifford
14. NAME OF HUSBAND OR WIFE: Eskell Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Cecil Watson | ADDRESS: Charleston, Mo

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 failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet Wound in Left Breast
Bled to death internally — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shot by husband due to domestic trouble. (Husband later turned gun on ~~xx~~ himself, died enroute to hosp.)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E981X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): res. of bro-in-law
21c. (CITY, TOWN, OR TOWNSHIP): Charleston (COUNTY): Mississippi (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 10th, 1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? 25 Calibre revolver Inflicted by Eskel K. Banks, husband

22. I hereby certify that I attended the deceased ~~was~~ AS CORONER ONLY, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 7:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John T. Nunnelee Jr. (Degree or title): CORONER
23b. ADDRESS: Charleston, Mo
23c. DATE SIGNED: 5/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/1950
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: May 22, 1950
REGISTRAR'S SIGNATURE: Mrs. Lee Hilgore 439
25. FUNERAL DIRECTOR'S SIGNATURE: Edward E. Nunnelee | ADDRESS: THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 REC'D
RECEIVED
Miss. Co. Health Dept
County File No._____
Date Filed ~~MAY 2 6 1950~~

AUG 19 1957

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 .....
Student Embalmer

Signed John T. Munnelee Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.