

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

FILED JUL 19 3 00 PM

Registration District No.

Primary Registration District No. 4216

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Calhoun mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 7 yrs 1

3. (a) PRINT FULL NAME Addie Bannow.

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

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Sam Bannow 6. (c) Age of husband or wife if  
7. Birth date of deceased Oct 27 1885  
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 13 If less than one day  
hr. min.

9. Birthplace Moeb!  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Hahn

13. Birthplace Ill!  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Carter

(b) Address Calhoun mo

17. (a) Burial (b) Date thereof June 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longel Cemetery, Windsor

18. (a) Signature of funeral director R. H. Harkney

(b) Address Calhoun mo

19. (a) June 10, 1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry 42  
(c) City or town Calhoun 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from mo or 10  
19 44 to June 9 1944  
that I last saw h. alive on June 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis of Stomach 6 weeks

Due to Cause of stomach power unknown

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy H6 b

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? no (Specify type of place) (e) Means of injury none

23. Signature D. A. Bessard (M. D. or other)

Address Calhoun mo Date signed June 10 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE

EMERALD BRIDGE 14K - 14K V. S. NATIONAL RECORD

LOCAL RESIDENCE OF DECEASED  
(a) State \_\_\_\_\_  
(b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(d) Street No. \_\_\_\_\_  
(e) Name of foreign country \_\_\_\_\_  
If born in same country \_\_\_\_\_  
MEDICAL CERTIFICATION  
I hereby certify that I attended the body of \_\_\_\_\_  
and that death occurred on the \_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_ at \_\_\_\_\_  
Cause of death \_\_\_\_\_  
Date of death \_\_\_\_\_  
Date of filing \_\_\_\_\_  
FILE NUMBER \_\_\_\_\_  
OFFICER NO. 7  
6-44-816  
7-12-44

PLACE OF DEATH  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_  
(d) \_\_\_\_\_  
(e) \_\_\_\_\_  
(f) \_\_\_\_\_  
(g) \_\_\_\_\_  
(h) \_\_\_\_\_  
(i) \_\_\_\_\_  
(j) \_\_\_\_\_  
(k) \_\_\_\_\_  
(l) \_\_\_\_\_  
(m) \_\_\_\_\_  
(n) \_\_\_\_\_  
(o) \_\_\_\_\_  
(p) \_\_\_\_\_  
(q) \_\_\_\_\_  
(r) \_\_\_\_\_  
(s) \_\_\_\_\_  
(t) \_\_\_\_\_  
(u) \_\_\_\_\_  
(v) \_\_\_\_\_  
(w) \_\_\_\_\_  
(x) \_\_\_\_\_  
(y) \_\_\_\_\_  
(z) \_\_\_\_\_  
AGE: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
1. Birth date of deceased \_\_\_\_\_  
2. Name of the father of wife \_\_\_\_\_  
3. Name of the mother of wife \_\_\_\_\_  
4. Color of hair \_\_\_\_\_  
5. Color of eyes \_\_\_\_\_  
6. Sex \_\_\_\_\_  
7. Name of the husband or wife \_\_\_\_\_  
8. Name of the father \_\_\_\_\_  
9. Name of the mother \_\_\_\_\_

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 \_\_\_\_\_  
working under my personal supervision.

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Birthplace \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
14. Registered Apprentice No. \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
16. Birthplace \_\_\_\_\_  
17. Birthplace \_\_\_\_\_  
18. Birthplace \_\_\_\_\_  
19. Birthplace \_\_\_\_\_  
20. Birthplace \_\_\_\_\_  
Signed \_\_\_\_\_  
Licensed Embalmer No. 3502  
P. O. Address \_\_\_\_\_

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.

EMERALD BRIDGE 14K - 14K V. S. NATIONAL RECORD