MAY 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 16689

Registered No. .....

1. PLACE OF DEATH

County Jasper — Registration District No. 411

Township Galena — Primary Registration District No. 2002

City Joplin — St. Johns Hospital (No. ..... St. ..... Ward)

2. FULL NAME GEORGE AUGUSTUS BANTHER

(a) Residence. No. DIAMOND Mo. St. ..... Ward. Diamond, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Lucille Banther

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb-5-1893

7. AGE: Years 44 | Months 3 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer Shell Corp.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Pauls Valley
(STATE OR COUNTRY): Okla

PARENTS

10. NAME OF FATHER: Geo. Banther

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Indiana

12. MAIDEN NAME OF MOTHER: Mollie Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Arkansas

14. INFORMANT: Mrs Geo A. Banther
(Address): Diamond Mo

15. FILED 5-7, 1937 Ed. D. James, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 5th 1937

17. I HEREBY CERTIFY, That I attended deceased from 4-26, 1937, to 5-5, 1937, that I last saw him alive on 5-5, 1937, and that death occurred, on the date stated above, at 12:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Acute Gangrenous appendicitis~~
Acute myocardial insufficiency
Pulmonary Edema following
Bronchial Pneumonia (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Asthma & Acute gangrenous appendicitis (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Diamond, Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-26-37

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) C W Fisher, M. D

, 19 (Address) Joplin, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Diamond Cemetery — DATE OF BURIAL: 5/7 1937

20. UNDERTAKER: Bigham & Brookshire — ADDRESS: Diamond Mo

APR 9 1945