

FILED OCT 18 1940

Primary Registration District No. 5-405

Registrar's No. \_\_\_\_\_

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

I. PLACE OF DEATH

(a) County Dunklin  
(b) City or town Hornersville, Missouri  
(c) Name of hospital or institution: Clay  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin  
(c) City or town Hornersville, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 miles North  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Martha S. Banks

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19-40  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Marl Banks  
13. Birthplace Savannah, Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Banks  
15. Birthplace Cottingham, Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Marl Banks

(b) Address Hornersville, Mo

17. (a) Burial (b) Date thereof 8-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornersville

18. (a) Signature of funeral director Emerson Burns

(b) Address Hornersville, Mo

19. (a) 9-20-40 (b) E. J. Cape  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1940 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug 21, 1940 to Aug 21, 1940  
that I last saw her alive on Aug 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia  
Measles

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

Other conditions 7  
(Include pregnancy within 3 months of death)

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

Duration \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature Van H. Bonds (M. D. or other) \_\_\_\_\_

Address Hornersville Mo Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 2

District File Number 1040-153

Date Filed 10/7/40

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**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.....

Licensed Embalmer No.....

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, above space should be left blank.**