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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 37796

Registrar's No. 1123

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST-JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 114 E- AUGUSTA 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~45 YRS~~ (Specify whether
In this community 45 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 114 E. Augusta
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CLARA-WALL-BANKS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Fem

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Banks.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec (Month) 3 (Day) 1876 (Year)

8. AGE: Years 64 Months 11 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Baltimore / Maryland (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Edward Hare (Hare)
13. Birthplace Baltimore / Maryland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Johnson
15. Birthplace Baltimore / Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ora Millsaugh
(b) Address Grand Island Nebr.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest City Mo.

18. (a) Signature of funeral director Roy Slaney
(b) Address St Joseph Mo

19. (a) Nov 24, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1941 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from Nov 20-1941 ___, 19__, to Nov 23, 1941 that I last saw her alive on Nov. 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to —

Due to —

63 b

Other conditions Basedows disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy none

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?
(Specify type of place)
While at work (e) Means of injury

23. Signature S E Melusey (M. D. or other) MD
Address Nov 24 41 Date signed 11-24-41
401 Ballinger Bld

(Licensed Embalmer's Statement on Reverse Side)

Dr Melaney
Ballenger

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 John Ray Slaney

Licensed Embalmer No. 2435

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.