

FILED APR 24 1942

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

10365

Do not use this space.

1. PLACE OF DEATH
(a) County Saldwell Registration District No. 96
(b) Township Hamilton Primary Registration District No. 4058 Registered No. 7
(c) City Hamilton (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JENNIE BANKS 013
(a) Residence, No. HAMILTON MO St. 0 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 17 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Banks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7, 1863
7. AGE YEARS 78 MONTHS 10 DAYS 29 If LESS than 1 day,hrs. ormin.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Postville
(STATE OR COUNTRY) Iowa

FATHER
13. NAME Linus Maxam
14. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Caroline ?
16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Perry Banks
(ADDRESS) Hamilton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton DATE Mar 9 1942

19. FUNERAL DIRECTOR Vaughten Funeral Home
(ADDRESS) Hamilton Mo.

20. FILED 3-9, 1942 Dina Jane Henry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6th 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1942 to Mar 6th 1942
I last saw her alive on Mar 6 1942 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage Feb 3.

Other contributory causes of importance: g3a

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) J. G. Boush Dr. M. D.
(Address) Hamilton Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. No. 2. 50M-7-20-37 I X12004
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L.R. Houghton Licensed Embalmer No. 3854

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed L.R. Houghton

Licensed Embalmer No. 3854

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.)