

FILED MAY 21 1942

Registration District No. **390**

Primary Registration District No. **5546**

Registrar's No. **26**

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

1. PLACE OF DEATH:

(a) County **Iron**  
(b) City or town **Ironton**  
(c) Name of hospital or institution: **St. Mary's Hospital**  
(d) Length of stay: In hospital or institution **8 weeks**  
In this community **1** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Washington**  
(c) City or town **Berryman**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Susan Larned Banta**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **fem** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Cyrus N. Banta** 6. (c) Age of husband or wife if alive **1862** years  
7. Birth date of deceased **August 5** (Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **12** If less than one day **hr. min.**

9. Birthplace **Washington Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

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

MOTHER FATHER { 12. Name **James Larned**  
13. Birthplace **unknown 1 N.Y.** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Hopkins**  
15. Birthplace **Unknown Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Parke M. Banta**

(b) Address **1606 Jefferson Hgts. Jefferson City Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **4-18-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Berryman Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Ironton Mo.**

19. (a) **4-23-42** (Date received local registrar) (b) **Regina P. Miller** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **17** year **1942** hour **4** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **1-18** 19**42** to **7-17** 19**42** that I last saw her alive on **7-17** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **embolism - cerebral**  
Due to **carcinoma of lung**  
Due to \_\_\_\_\_

Other conditions **carcinoma of lung** (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

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? \_\_\_\_\_

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

23. Signature **Regina P. Miller** (M. D. or county) Address **Ironton Mo.** Date signed **4/23/42**

1283

ED

District Health Officer No. 4  
District File Number 542-622  
Date Filed 5-14-42

**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 Paul J. White  
Licensed Embalmer No. 3012  
P. O. Address Boston, Mass.

**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.**