

Registration District No. 308

Primary Registration District No. 3026

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

1. PLACE OF DEATH  
(a) County Livingson  
(b) City or town Chillicothe  
(c) Name of hospital or institution: Chillicothe Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carroll  
(c) City or town Carroll  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Alberta Bannister  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month 7 day 23  
year July hour 8 minute 50 P.M.

4. Sex Female 5. Color or race wh  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Wilbur Bannister  
(c) Age of husband or wife if alive 23 years  
7. Birth date of deceased Mar. 26 1927  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 23  
July 23, 1942 for 4 hours  
that I last saw him alive on July 23, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Eclampsia Duration 2 days

8. AGE: Years 20 Months 3 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Carroll Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 144a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John E. Cox  
13. Birthplace Ray Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Thelma M. Bisset  
15. Birthplace Carroll Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant John E. Cox  
(b) Address Carroll Mo

17. (a) Burial (b) Date thereof 7-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Hope Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Bernard Mead  
(b) Address Carroll Mo  
19. (a) July 23 1942 (b) hou ELLA CURRY  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Chillicothe Mo Date signed July 23 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.....  
*(this body will be embalmed)* Registered Apprentice No.....  
working under my personal supervision.

Signed *Bernard J Mead*  
Licensed Embalmer No. *2801*  
P. O. Address *Baymer*

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.