

FILED JAN 11 1943

Registration District No.

Primary Registration District No. 3007

Registrar's No. 407

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT 100

(c) City or town CHAFFEE MO 1
(If outside city or town limits, write "RURAL")

(d) Street No. 122 WING
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME BETSY ELIZABET BANKS

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1942 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 12-8, 1942, to 12-26, 1942
that I last saw her alive on 12-26, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Charles E. Banks 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased: April 22 1960
(Month) (Day) (Year)

Immediate cause of death: Cancer of head & pancreas

Due to

Due to

Other conditions: Hbg
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 8 Days 5
If less than one day 5 hr. 5 min.

9. Birthplace SHOREHAM VERMONT
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name HENRY NICHOLSON

13. Birthplace TIMS WORTH VERMONT
(City, town, or county) (State or foreign country)

14. Maiden name ELZA KAYLER

15. Birthplace no record FRANCE
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Edmer Banks

(b) Address Poplar Bluff, Mo.

17. (a) burial (b) Date thereof 12-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION PARK CEM.

18. (a) Signature of funeral director Walter Chaffee M

(b) Address 242 Yorkum Chaffee Mo.

19. (a) 12-30-42 (b) Della Kirner
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? CHAFFEE MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

23. Signature Wm Henschel (M. D. or other) no
Address Poplar Bluff Mo Date signed

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

12
7
3

RECEIVED

District Health Office No. 2

District File Number 143-29

Date Filed 1-4-43

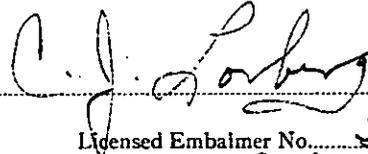
NOV 17 1943

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. 3810

P. O. Address Cape Girardeau, Mo

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.