

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26200
Registrar's No. 137

JUL 26 1943
Registration District No. 324

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
56 West Summitt
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Anton Joseph Banks

3. (b) If veteran, name war. #

3. (c) Social Security No. #

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Luella Jarvis

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

7. Birth date of deceased: December 16 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 4 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business " "

MOTHER FATHER { 12. Name Joseph Banks

13. Birthplace London England
(City, town, or county) (State or foreign country)

14. Maiden name Ida Steismeyer

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Delbert Banks

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof. 7-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director J. Leola Sunday

(b) Address Marshall, Mo.

19. (a) 7-7-43 (b) M. O. Weathers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 56 West Summitt
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 16 1943 to July 4 1943;
that I last saw him alive on July 3 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death General anoxia

Due to acute dilatation of heart

Due to flu

Other conditions (Include pregnancy within 3 months of death) 95c4

Major findings: Of operations No

Of autopsy No

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?

23. Signature A. C. Pittman (M. D. or other) M.D.
Address Marshall Mo Date signed 7-7-43

91
1
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Duration
30 da

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

RECEIVED
Health Officer No. 6

Filed 7-23-43

JUL 26 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

J. Leslie Murray

Licensed Embalmer No. 3235

P. O. Address *Marshall, W. Va.*

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.