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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22972

FILED JAN 4 1944

Registration District No. 2804

Primary Registration District No. 3043

Registrar's No. 362

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: 909 Paris Avenue /
(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)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

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

(d) Street No.: 909 Paris Avenue
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Benjamin Franklin 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: Daisy L. Wing

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

7. Birth date of deceased: November 2, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73		26	____ hr. ____ min.

9. Birthplace: Salem, Washington County Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation: R.R. Engineer

11. Industry or business: Retired

FATHER
12. Name: Edward Bradley Banks
13. Birthplace: Indiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Dora Campbell
15. Birthplace: Campbellburg Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. B. F. Banks

(b) Address: 909 Paris Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mount Olivet

18. (a) Signature of funeral director: Wm. M. Smith

(b) Address: 902 Broadway Hannibal

19. (a) 12-1-43 (Date received local registrar) (b) R. N. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1943 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 11 28, 1943, to 11-28, 1943; that I last saw h. alive on 11-28, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	10 min
Due to: Coronary sclerosis	1 yr
Due to: —	
Other conditions: Chole lithiasis (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations: —
Of autopsy: —

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? (Specify type of place)

While at work: — (e) Means of injury: —

23. Signature: Howard Sudduth (M. D. or other) MD

Address: Hannibal Mo Date signed: 11-29-43

1146

(Licensed Embalmer's Statement on Reverse Side)

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 George T. Bond, Registered Apprentice No. 350, working under my personal supervision.

Signed Wm. M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.