

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: North Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. N. Main
(If rural, give location)

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

3. (a) PRINT FULL NAME CARRIE BANKS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1944 hour 2 P.M. minute _____ M.

4. Sex female 5. Color or race 3 colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 6 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 7
1944 to Mar 8 1944

that I last saw her alive on Mar 8 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>2</u>	hr. _____ min.

Immediate cause of death Cerebral hemorrhage
Duration 1 day

Due to none known

Due to _____

9. Birthplace Warrensburg, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation maid

Other conditions J3a1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

11. Industry or business _____

MOTHER FATHER { 12. Name Willis Banks

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

14. Maiden name Bettie Kyle

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

16. (a) Informant Bettie Lee

(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof March 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. J. Thilert

(b) Address Warrensburg, Mo

19. (a) Mar 14, 1944 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

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 _____

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 Wm. H. Patterson (M. D. or other) _____
Address Warrensburg, Mo Date signed 3-11-44

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Samuel M. Clune

Licensed Embalmer No. 3557

P. O. Address Warrenburg 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.