

S. No. 2  
M-8-33  
7. 5-17-39  
X37823

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED JAN 31 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **533**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Desha  
(c) City or town McGehee  
(If outside city or town limits, write "RURAL")  
(d) Street No. 613 Railroad Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

999  
3  
NR

3. (a) PRINT FULL NAME

Leonard Banks

3. (b) If veteran, name war

No

3. (c) Social Security No.

432-20-5503

4. Sex Male 5. Color or race Black  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 27 1892  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Joe La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Caller

11. Industry or business Missouri Pacific R. R. Co.

12. Name Hina Banks

13. Birthplace St Joe La.  
(City, town, or county) (State or foreign country)

14. Maiden name Herrita Balsam

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

16. (a) Informant General Banks

(b) Address St Joe La Rt-3

17. (a) Removal (b) Date thereof 1/18/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGehee, Arkansas

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 18 1945 J. F. Busbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1945 hour 8 minute 23 A. M.

21. I hereby certify that I attended the deceased from 1/13/45, 19\_\_\_\_, to 1/17/45, 19\_\_\_\_;  
that I last saw him alive on 1/17/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease  
Duration 4 months

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature C. C. Deace (M. D. or other) \_\_\_\_\_

Address Miss Pacific Hospital Date signed 1/17/45

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

60  
17  
9

MOTHER FATHER

FEB 26 1945

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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. 1994

P. O. Address.....

**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.