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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9951

State File No. 9951

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 86

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: 322 Mark Twain Ave
(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 64
(c) City or town Hannibal 2
(If outside city or town limits, write "RURAL")
(d) Street No. 322 Mark Twain 4
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas 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 Elizabeth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 7 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	12	hr. min.

9. Birthplace (City, town, or county) MD. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Banks
(b) Address 322 Mark Twain Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cem.
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 2-27-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1947 hour minute 7 40 P.M.
21. I hereby certify that I attended the deceased from January 1947 to 21 Feb 1947 that I last saw him alive on 21 Feb 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 wk
Due to Following Cerebral Thrombosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 O
23. Signature M. J. Green M.D. (M. D. or other)
Address 113 a S. Main Date signed Feb 26/47

184 (Licensed Embalmer's Statement on Reverse Side) Hannibal Mo

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 A. Magill Jr., Registered Apprentice No. 497, working under my personal supervision.

Signed H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.