

FILED SEP 9 1947

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community 8 years (Specify whether 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. 512 North Water, Warrensburg
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1947 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from 8-20
1947 to 8-20 1947
that I last saw her alive on 8-20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to _____
Due to _____

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

Major findings: a4A
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature R. Lee Cooper (M. D. or other)
Address Warrensburg Mo Date signed 8-21-47

3. (a) PRINT FULL NAME ADD A BANKS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race colored
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward Banks 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 27 1900
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Will Hawkins

13. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mamie ? Anderson

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

16. (a) Informant Edward Banks

(b) Address 512 N. Water, Warrensburg, Mo.

17. (a) Burial (b) Date thereof Aug. 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill, Warrensburg,

18. (a) Signature of funeral director H. B. Brannigan

(b) Address 617 North Main, Warrensburg, Mo.

19. (a) Aug 26, 1947 (b) Sarannah C. C. C. C.
(Date received local registrar) (Registrar's signature)

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

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

Signed.....*J. A. Brumby*.....
Licensed Embalmer No. *3377*.....
P. O. Address.....*Warrensburg, 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.