

No. 2
-5-43
5-17-39
I X36871

FILED OCT 27 1947

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 912

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Davidson Rest Home 515 N. Nettleton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 months
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 515 N. Nettleton
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Fred Banfield

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 1

6. (b) Name of husband or wife Mrs. Alice Banfield 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October, 9th, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 12 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Butcher

11. Industry or business Retired

12. Name Louis Banfield

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

14. Maiden name Nannie Giboney

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

16. (a) Informant Mrs. Chas Aven

(b) Address Nixa, Mo.

17. (a) burial (b) Date thereof Oct. 23, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne cemetery

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) 10-22-47 W. H. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
 year 1947 hour 12 minute 5 P. M.

21. I hereby certify that I attended the deceased from July 15
1947 to Oct 15, 1947
 that I last saw him alive on Oct 15, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
 Duration 15 days

Due to Myocarditis
 Duration 6 mos

Due to Senility
 Other conditions none
(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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature W. H. Handley MD (M. D. or other) MD
 Address Springfield, Mo. Date signed 10/22/47

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

MOTHER FATHER

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 J W Maples

Licensed Embalmer No. 2985

P. O. Address Cleveland, 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.