. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 376

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9903

Primary Registration District No. 6075

Registrar's No. 93

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs. 3 mos. 3 dys. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin 36
(c) City or town: New Haven RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: KATIE BANKEN
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
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: February (Month) 7, (Day) 1858 (Year)

8. AGE: Years 90 Months 1 Days 3 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House work
11. Industry or business:
MOTHER FATHER
12. Name: Herman Banken
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Records State Hospital No. 4
(b) Address: Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Calvary Cem., Farmington, Mo.
18. (a) Signature of funeral director: Cozean Funeral Home
(b) Address: Farmington, Missouri
19. (a) 3-30-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from March 9, 1948, 19..., to March 10, 1948, 19...; that I last saw her alive on March 10, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia, right	2 das.
Due to: Inanition	1 mo.
Due to:	
Other conditions: Dementia Praecox Psychosis (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations: 108
Of autopsy: No autopsy

PHYSICIAN
Underline the cause of 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: 0

23. Signature: John A. Brennan M.D. (M. D. or other)
Address: State Hosp. #4 Farmington Mo Date signed 3/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 44-432

Date of 4-5-48

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.

Not embalmed

Signed C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.