

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17964
State File No.
Registrar's No. 38

Registration District No. 316 Primary Registration District No. 6074

1. PLACE OF DEATH: (a) County St. Francois (b) City or town Leadwood (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 — (Specify whether years, months or days) In this community —

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County St. Francois (c) City or town Leadwood, MO-94 (If outside city or town limits, write "RURAL") (d) Street No. — (If rural, give location) (e) Citizen of foreign country? No (Yes or No) If yes, name country —

3. (a) PRINT FULL NAME HESE CARR MICHAEL BANNISTER (b) If veteran, name war — (c) Social Security No. 493-03-9698

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married (b) Name of husband or wife Elizabeth Bannister (c) Age of husband or wife if alive 57 years 7. Birth date of deceased Sept 19 1880 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 5 If less than one day — hr. — min.

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

10. Usual occupation Miner

11. Industry or business Bro. Washington Bannister

12. Name Elizabeth Bannister 13. Birthplace MO (City, town, or county) (State or foreign country) 14. Maiden name Elizabeth Bannister 15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant A. Frankel (b) Address Leadwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1945 (Month) (Day) (Year) (c) Place: burial or cremation Leadwood

18. (a) Signature of funeral director S. Boyer & Son (b) Address Leadwood, Missouri

19. (a) 5/25/45 (Date received local registrar) (b) Elizabeth Bannister (Registrar's signature)

20. DATE OF DEATH: Month May day 24 year 1945 hour 9 minute 30 M. I hereby certify that I attended the deceased from May 10 to May 24 1945 that I last saw him alive on May 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 days

Due to — Due to —

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

Major findings: Of operations — Of autopsy —

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) No (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 A. Frankel (M. D. or other) Address Leadwood, MO Date signed 5/25/45

HEALTH OFFICER No. 4
District File Number 645-721
Date Filed 6-7-45

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

Melvin Miller

, Registered Apprentice No. 367

working under my personal supervision.

Signed

But L. Bayer

Licensed Embalmer No. 3448

P. O. Address Leadwood 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.