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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17963
State File No.

Registration District No. 3176 Primary Registration District No. 6074 Registrar's No. 24

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Desloge mo Rmadon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Desloge Mo (b) County St Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. 10
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Lee Bannister
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 25 (Day) 1878 (Year)

8. AGE: Years 66 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Pilot River mo. (City, town, or county) (State or foreign country)
10. Usual occupation Miner
11. Industry or business National Lead Co

FATHER
12. Name George Bannister
13. Birthplace Pilot River mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Reeves
15. Birthplace Pilot River mo (City, town, or county) (State or foreign country)

16. (a) Informant mrs. E. L. Bannister
(b) Address Desloge mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 5 (Day) 1945 (Year)
(c) Place: burial or cremation Woodlawn Cem-
18. (a) Signature of funeral director C. E. Boyer
(b) Address Desloge mo
19. (a) 4/25/45 (Date received local registrar) (b) Esther Ruddell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1945 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from March, 1945 to April 3, 1945; that I last saw h[illegible] alive on April 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intra-Cranial Hemorrhage	3 D.
Due to: (a)	
Due to: (b)	
Other conditions: Hypertension, aortic & mitral regurgitation, arteriosclerosis general	

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

23. Signature H C Hardy (M. D. or other)
Address Desloge Date signed 4-5-45

1347 (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
District File Number 645-7
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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C. J. Boyer

Licensed Embalmer No. 1671

P. O. Address Wesleyan Ave.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June 8

Registration District No. 316 · Primary Registration District No. 6074 · Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Desloge Randolph Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois

(c) City or town Desloge (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward L. Bannister

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Josie Skaggs Bannister

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec 25 1878 (Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6/14/45 (Date received by local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day

year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

17963