

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20810

Do not use this space.

1. PLACE OF DEATH Mercy Hospital
 (a) County Jackson Registration District No. 399
 (b) Township 1 Primary Registration District No. 1002 Registered No. 2260
 (c) City Kansas City (d) Street No. Mercy Hospital K. C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Bankson 525
 (a) Residence, No. 2705 Olive St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th, 1938

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
-		2	22	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -----
 9. Industry or business in which work was done, as saw mill, bank, etc. Child only
 10. Date deceased last worked at this occupation (month and year) ----- 11. Total time (years) spent in this occupation -----

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0
 13. NAME Robert E. Bankson 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 0

MOTHER 15. MAIDEN NAME Alva Alexander,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Robert E. Bankson,
 (ADDRESS) 2705 Olive Street, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Butler, Mo. DATE June 4th, 1938

19. FUNERAL DIRECTOR Mrs. C. L. Forster
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 6-3 1938 M. M. Crowe, Local Registrar. 261

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-15 1938, to 6-3 1938
 I last saw him alive on 6-3 1938 Death is said to have occurred on the date stated above, at 1:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis Date of onset (4)
Pertussis
 Other contributory causes of importance -----
 Name of operation ----- Date of -----
 What test confirmed diagnosis? ----- Was there an autopsy? Yes!

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ----- Date of injury -----, 19-----
 Where did injury occur? ----- (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. -----
 Manner of injury -----
 Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? -----
 If so, specify -----
 (Signed) M. B. Forster M.
St. Luke's Hospital

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)