DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5444

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 669

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 211 East 32 Terrace 2 (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 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 211 East 32 Terrace (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 526 NORA BANCROFT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife William T. Bancroft

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

7. Birth date of deceased July 14, 1865 (Month) (Day) (Year)

8. AGE: Years 74 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Leavenworth, Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jas. Fitzgerald 5
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Howard
15. Birthplace Ireland 5 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thos. J. Bancroft

(b) Address 211 East 32 Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co

(b) Address Kansas City Mo

19. (a) Feb. 14, 1940 (Date received local registrar) (b) McMcCrowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Feb 10th, 1940, to Feb 13, 1940, that I last saw her alive on 2-13, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Hypertension	
Due to " 108	
Other conditions Lobar Pneumonia (Include pregnancy within 3 months of death)	24 hr

Major findings: Of operations none

Of autopsy none

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 1

23. Signature H. H. Evans (M. D. or other) MD

Address 1034 Platte Bldg Date signed 2-14-40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

Dr H H Owens
Rialto Bldg.

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 Maurice D Quick

Licensed Embalmer No. 3634.

P. O. Address 20 W. Linwood Bldg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.