

REC OCT 18 1940

STANDARD CERTIFICATE OF DEATH

State File No. 32207

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 243

1. PLACE OF DEATH:

(a) County. Jackson  
(b) City or town. "Rural" Blue Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
38th & Pittman Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3  
(Specify whether years, months or days)  
In this community 50 yrs.

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. 2505 East 10th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 10 - day. 4  
year. 1940 hour. 4 minute. 47 M.  
21. I hereby certify that I attended the deceased from 10-3-40  
10-3-40 to 10-3-40;  
that I last saw him alive on 10-3-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death. CEREBRAL HEMORRHAGE  
4-DR.  
Due to. HYPERTENSION ?  
Due to. CARDIO-RENO-VASCULAR  
DISEASE ?  
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?  
360 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature. J. L. Harrison (Mr. D. or other) \_\_\_\_\_  
Address. Raytown, Mo. Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME. DAISEY EMMA BANKSON

3. (b) If veteran, name war. ##### 3. (c) Social Security No. #####

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. 1878 Feb. 23  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 7 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Texas \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation. None

11. Industry or business. \_\_\_\_\_

12. Name. David E. Bunce

13. Birthplace. England  
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Elizabeth Billings

15. Birthplace. Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mr. Esdine Bankson

(b) Address. 38th & Pittman Rd. K. C. Mo.

17. (a) Burial (b) Date thereof. 10 7 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenlawn

18. (a) Signature of funeral director. Weilart Funeral Home

(b) Address. 2332 Monitor Place, K. C. Mo.

19. (a) Oct 7 40 (b) J. L. Cook  
(Date received from registrar) (Registrar's signature)

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

**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 \_\_\_\_\_

*Blaine E. Weilent*

Licensed Embalmer No. \_\_\_\_\_

*4075*

P. O. Address \_\_\_\_\_

*2332 Montrose*

**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, above space should be left blank.**