

FILED JAN 8 1944

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonTownship KawCity Kansas CityRegistration District No. 399Primary Registration District No. 1002(No. Weslwy Hospital)File No. 41580Registered No. 4973St.                      Ward                     2. FULL NAME Grace Myrtle Banaka(a) Residence, No. 2703 East 27th St.                      Ward.                       
(Usual place of abode)Length of residence in city or town where death occurred yrs. 10 mos.                      ds.                     10

mos.

ds.

(If nonresident, give city or town and State)

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 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 OFHenry J. Banaka64

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 23 1883

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hr  
or ..... min5717

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.House Wife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year).....11. Total time (years)  
spent in this  
occupation.....

## 12. BIRTHPLACE (CITY OR TOWN)

Soldier Kans

(STATE OR COUNTRY)

FATHER

## 13. NAME

John P. Minner

## 14. BIRTHPLACE (CITY OR TOWN)

Virg.

(STATE OR COUNTRY)

MOTHER

## 15. MAIDEN NAME

Eliza F. Baker

## 16. BIRTHPLACE (CITY OR TOWN)

Virg.

(STATE OR COUNTRY)

## 17. INFORMANT

Henry J Banaka

(ADDRESS)

2703 E 27th

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Holton Kans.

DATE

Dec. 30.1940

## 19. UNDERTAKER

Mrs. C.L. Forster

(ADDRESS)

918 Brooklyn Kansas City Mo.20. FILED 12-30-1940M. M. Browe  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 30 1940

## 22. I HEREBY CERTIFY, That I attended deceased from

Nov 22 1940 to Dec 1 1940I last saw him alive on 11/22 1940 Death is saidto have occurred on the date stated above, at 6/12A m.

The principal cause of death and related causes of importance were as follows:

Pyloptic occlusion Date of onset 11/22N.M.O.118 C

## Other contributory causes of importance:

GastritisName of operation no Date of                     What test confirmed diagnosis? X Ray Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 30 1940Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify                     (Signed) J. F. Mueken, M. D.(Address) Professor of PathW. M. M. Browe

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.

Denzil C. Browning  
# 2724  
Kansas City Mo.