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FILED MAY 5 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13035

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1783

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

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Kansas (b) County: Wyandotte 7
(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 832 New Jersey
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: LULA BANKS
3. (b) If veteran, name war: —
3. (c) Social Security No. none
4. Sex: female
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Amanias
6. (c) Age of husband or wife if alive: unk years
7. Birth date of deceased: Oct. (Month) 25 (Day) 1879 (Year)
8. AGE: Years 63 Months 5 Days 18 If less than one day — hr. — min.
9. Birthplace: Claiborne Parrish, La. (City, town, or county) (State or foreign country)
10. Usual occupation: House-work
11. Industry or business: —
MOTHER FATHER
12. Name: Unknown Montgomery
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Amanias Banks
(b) Address: 832 New Jersey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Westlawn
18. (a) Signature of funeral director: N. W. Thatcher
(b) Address: 1520 No. 5th Street
19. (a) 4-15-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12 year 1943 hour — minute — M.
21. I hereby certify that I attended the deceased from 4-2-43 to 4-12-43 that I last saw her alive on 4-12-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus — Duration
Due to: 61
Due to:
Other conditions (Include pregnancy within 3 months of death): Sacrum of foot
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: [illegible] M.D. or other)
Address: 1512 N. 5th St. Date signed: 4-13-43

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1948

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 Nathan W. Hatcher

Licensed Embalmer No. 2788

P. O. Address 1520 N. 5th St.

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.