

FILED JAN 19 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
5417 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community two weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Holden
(If outside city or town limits, write "RURAL") 0
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME FRANK CREED BANES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race cauc 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Ruth L. Banes 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 7, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 18 hr. min.

9. Birthplace Johnson County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired

MOTHER FATHER { 12. Name William Kirk Banes
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Hodna Simms
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Ruth L. Banes
(b) Address Kansas Holden, Missouri

17. (a) Burial (b) Date thereof 12/27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) Dec 30 1943 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1943 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from Dec. 20 1943 to Dec 25 1943
that I last saw him alive on Dec. 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Duration _____

Due to Pulmonary edema 3 days

Due to Myocarditis 12-16-43

Other conditions None
(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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Dr. C. Edwards (M. D. or other)
Address 2603 Indep. Blvd. Date signed 12-26-43

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 Samuel B. Rojas
Licensed Embalmer No. 4044
P. O. Address Holden, Mo.

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, fact should be so stated above.