

FILED JUN 22 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:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether  
In this community 1 week  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Rfd # 1 Creighton (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1944 hour 2 minute 30 P. M.  
21. I hereby certify that I attended the deceased from May 30-44  
1944 to June 5 1944  
that I last saw him alive on June 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to Patient was 81 years old  
Due to gta

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Prostatic growth PHYSICIAN \_\_\_\_\_  
Of autopsy Refused 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?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Frank Rosewood (M. D. or other)  
Address 228 Argyle Bldg Date signed 6/6/44

3. (a) PRINT FULL NAME Daniel Boone O' Bannon

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 Married

6. (b) Name of husband or wife Mary O' Bannon 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased January 16 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 4 19 hr. min.

9. Birthplace Cass County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Eliza O' Bannon

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

14. Maiden name America Hazelwood

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank O' Bannon

(b) Address Rfd # 2 Creighton Mo.

17. (a) Burial (b) Date thereof June 8 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creighton Mo.

18. (a) Signature of funeral director F. W. Wagner

(b) Address Kansas City Mo.

19. (a) 6-6-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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

APR 26 1959

**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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

**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.**