

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural ~~Independence~~ Top Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 2 (Specify whether _____)
In this community 1 1/2 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Independence (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. S. E. of Independence
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANK CLARK BANKS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 496-03-8838

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Mary Eleanor Banks 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec 14-1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Dept of Jackson Co Mo

11. Industry or business _____

MOTHER FATHER

12. Name Henry D Banks

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

14. Maiden name Melissa Tullar

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

16. (a) Informant J Vernon Banks

(b) Address Paul 4, Box 489, Independence Mo

17. (a) burial (b) Date thereof Sept 19, 1944 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Will's Cemetery, Peppertown

18. (a) Signature of funeral director _____ (b) Address HARRISONVILLE, MO.

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1944 hour 1:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 10 1944 to Sept 16 1944 that I last saw him alive on Sept 16 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion Duration _____

Due to generalized arterio-sclerosis _____ years

Due to _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter L. Lusk M.D. (M.D. or other) _____ Address 129 W. Lexington, Independence, Mo Date signed 9/18/44

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 Ernest Reinnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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:

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 249

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Trip Bl
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Frank C. Banks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased see
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 24 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-18-1944 (b) Jame W. Reed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 17 Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

31058