

FILED APR 5 1945
Registration District No. **179**

Primary Registration District No. **1002**

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: Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether)
 In this community 55 years
years, months or days

3. (a) PRINT FULL NAME MRS. BIRD HOPE BANNON
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (c) Age of husband or wife if alive 1881 years
 6. (b) Name of husband or wife S. J. Bannon
 7. Birth date of deceased Feb 14
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 2
 If less than one day hr. min.

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

10. Usual occupation Hotel Manager

11. Industry or business Warner Plaza Hotel

12. Name Richard Hope

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

14. Maiden name Frances Montgomery

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

16. (a) Informant Mad Augusta Immons

(b) Address 2058 Holmes

17. (a) Burial (b) Date thereof 3/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Cabin

(b) Address 20 West Linwood

19. (a) 3-19-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 8 Warner Plaza
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 16th day March
 year 1945 hour 1:55 minute A M.
 21. I hereby certify that I attended the deceased from July 10, 1944
 to March, 1945
 that I last saw her alive on March, 1945
 and that death occurred on the date and hour stated above. 1945

Immediate cause of death Careses - general
 Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 305
 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) (e) Means of injury

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

23. Signature P. E. Brown (M. D. or other)
 Address 12 E 2nd Date signed 3/17/45

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 *Charles M Duirk*

Licensed Embalmer No. *3774*

P. O. Address *Kansas City, 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.