

FILED MAY 15 1945  
1949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1934

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: General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-15-45 - 5-1-45  
(Specify whether In this community about 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1102 1/2 E. 19  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME EARL BANKS

3. (b) If veteran, World War 1 name war  
3. (c) Social Security No. 496-16-9182

4. Sex male 2  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 19 years (Year)

7. Birth date of deceased October 19 1892  
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 12  
If less than one day hr. min.

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

10. Usual occupation roofer

11. Industry or business

MOTHER FATHER

12. Name William Banks

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

14. Maiden name Fran ces. Landrum

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2.

17. (a) Removal (b) Date thereof 5-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Visitation Okla

18. (a) Signature of funeral director Ernest Steinhilber

(b) Address 1217 Pine St. Kansas City

19. (a) 5-2-45 (b) Sheraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1945 hour 4:05 minute a. M.

21. I hereby certify that I attended the deceased from March 15, 1945, to May 1, 1945;

that I last saw him alive on May 1, 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death. Ruptured Aneurysm of abdominal aorta (Lustic in origin)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 30 d

Major findings: Of operations

Of autopsy

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

Signature H. O. P. ... (M. D. or other)

Address San. Dept #2 - 602 E. 22 Date signed 5-2-45

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 E. Sterling Bell  
Licensed Embalmer No. 3178  
P. O. Address 1212 Pine K. C.

**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.**