

FILED FEB 11 1946  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 443

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:  
5929 CENTRAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 42 yrs  
years, months or days)

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. 5929 CENTRAL  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. R. CLIFFORD BANKS SR.

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 MRS. JESSIE BANKS 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased JANUARY 25 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 0 If less than one day hr. min.

9. Birthplace PROSPERITY SOUTH CAROLINA  
(City, town, or county) (State or foreign country)

10. Usual occupation OWNER & OPERATOR HEAD

11. Industry or business BANK'S INSPECTION SERVICE

12. Name JOHN BANKS

13. Birthplace SEMPERANCE SOUTH CAROLINA  
(City, town, or county) (State or foreign country)

14. Maiden name Counts

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

16. (a) Informant MRS. JESSIE BANKS

(b) Address 5929 CENTRAL AVENUE

17. (a) Cremation (b) Date thereof Jan 28 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation P.W. Newcomer's home

18. (a) Signature of funeral director O. H. Newcomer's home

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-28-46 (b) Sheldene Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 25<sup>TH</sup>  
year 1946 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10-24-46  
19. to 1-25 19. 46

that I last saw him alive on 12-24 19. 45

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

Immediate cause of death Coronary occlusion Duration 16 months

Due to Coronary sclerosis yrs.

Due to \_\_\_\_\_

Other conditions Left Ventricular Failure  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

4 \_\_\_\_\_ 94a

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 ind.

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address no Date signed me

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1408 ~~Memorial~~ ~~Building~~  
1:30-5

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**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

**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.**