

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947
1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1130**
Registrar's No. **80**

Registration District No. **149** Primary Registration District No. **1002**

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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **11**
(c) City or town **Belton**
(If outside city or town limits, write "RURAL") **R.R. #1**
(d) Street No. (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country

3. (a) PRINT FULL NAME **MRS. MARY A. HANKS**
3. (b) If veteran, name war **XX no**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **7th**
year **1946-1947** hour **6:** minute **30** A. M.

4. Sex **Fe** / 5. Color of race **Wh**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Thomas E. Hanks**
6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **October 20 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec-20-1947** to **Jan 7-1947**
that I last saw her alive on **Jan 6-1947**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 **2** **17** hr. min.

Immediate cause of death **Acute Coronary Occlusion**
Due to **Generalized Arteriosclerosis**
Due to **below**

9. Birthplace **Davis City Iowa**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

Other conditions **Arteriosclerosis kept**
(Include pregnancy within 3 months of death) **3 wk**

MOTHER FATHER
11. Industry or business
12. Name **Alfred Cummings**
13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)
14. Maiden name **Bashaba Stone**
(City, town, or county) (State or foreign country)
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

Major findings: **1-86 w. 5**
Of operations **78**
Of autopsy **1-86 w. 5**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Henry L. Jost**
(b) Address **R #1 Belton, Mo.**
17. (a) **Burial** (b) Date thereof **1-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah**
18. (a) Signature of funeral director **J. Wagner**
Kansas City, Mo.
(b) Address
19. (a) **1-8-47** **Thalaine Holmes**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident 11**
(b) Date of occurrence **12-20-46**
(c) Where did injury occur? **Belton mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
While at work? **Yes** (Specify type of place) (e) Means of injury **fall**
23. Signature **W. H. Jones** (M. D. or other)
Address **106 W 14th St, Mo** Date signed **1/8/47**

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

106 21. 14
BR 0060

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. Haunschild

Licensed Embalmer No. 4159

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.