

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

41570

State File No. ....

Registrar's No. 5222

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: R.C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 5 days (Specify whether  
In this community: 12 YEARS (Specify whether  
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.: 1111 E. 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: Fred W. Banker  
3. (b) If veteran, name war: No  
3. (c) Social Security No.: IX ONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: December day: 9th  
year: 1947 hour: 10 minute: 17 A.M. M.

4. Sex: MALE  
5. Color or race: WHITE  
6. (a) Single, widowed, married, divorced: DIVORCED  
6. (b) Name of husband or wife: Mrs. Etnel Banker  
6. (c) Age of husband or wife if alive: UNKNOWN years  
7. Birth date of deceased: AUGUST 12 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-4-47 to 12-9-47  
that I last saw him alive on 12-9-47  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia  
Due to: Cerebro vascular accident  
Due to: .....Other conditions: .....(Include pregnancy within 3 months of death)  
Major findings: 830  
Of operations: .....Of autopsy: See above

8. AGE: Years: 74 Months: 3 Days: 22  
If less than one day: .....

9. Birthplace: BUCHANAN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED MILL WORKER

11. Industry or business: QUAKER OATS

12. Name: FRED BANKER

13. Birthplace: NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name: NANCY STARMER

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

16. (a) Informant: MRS. ELSIE LITTLE

(b) Address: 2619 COLLEGE AVENUE

17. (a) BURIAL (b) Date thereof: DEC 12 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: FOREST HILL CEMETERY

18. (a) Signature of funeral director: D. N. ...  
(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 12-12-47 (b) Gerardine 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).....  
(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: Sumner ... M. D. or other.....  
Address: ed. Dir. R.C. Gen. Hospital R.C. Mo Date signed.....

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

MOTHER FATHER

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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.....

*Bernard L. Horan*

Licensed Embalmer No.....

*4250*

P. O. Address.....

*AC 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.