S. No. 300
DM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29648

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3801

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:
5443 Montgall Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 32 years
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. 5443 Montgall Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edithe ManBanks

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex female 3

5. Color or race negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Clarence C. Banks

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February (Month) 265 (Day) 1894 (Year)

8. AGE: Years 51 Months 6 Days ~~15~~ 19 If less than one day hr. min.

9. Birthplace Sweet Springs (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name William Morris
13. Birthplace Charlotte (City, town, or county) N.C. 1 (State or foreign country)

MOTHER
14. Maiden name Rosa Belle Grimes
15. Birthplace Sweet Springs (City, town, or county) Mo. 1 (State or foreign country)

16. (a) Informant Clarence Banks

(b) Address 5443 Montgall St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 20 (Day) 48 (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Ave

19. (a) 9-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15th
year 1948 hour 10 minute 30A M.

21. I hereby certify that I attended the deceased from 8-14-48, 19 , to 9-15-, 1948
that I last saw her alive on 9-15-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Heart Disease

Due to Angina Pectoris

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury on

23. Signature J. Bell Wells (M. D. or other)
Address 2122 E 15th Date signed 9-16-48

(Licensed Embalmer's Statement on Reverse Side)

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 Jerome Manlove

Licensed Embalmer No. 3894

P. O. Address 2503 Highland

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.