

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12274

State File No.

1700

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON <u>48</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1022 Garfield Avenue		3 8 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2							
3. NAME OF DECEASED (Type or Print)		a. (First) PEARL		b. (Middle)		c. (Last) BANKS	
4. DATE OF DEATH (Month) (Day) (Year) APRIL 15 1949		5. SEX FEMALE <u>3</u>		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 10 1889		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NELSONVILLE, MISSOURI <u>0</u>		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME TRUMAN DeSHAY		13b. MOTHER'S MAIDEN NAME MOLLIE KURTZ		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUBY LEE HOPKINS 1022 Garfield			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		HYPERTENSIVE HEART DISEASE WITH DE-COMPENSATION					
ANTECEDENT CAUSES		ARTERIO-SCLEROSIS					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		442X					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/7/</u> <u>1949</u> , to <u>4/15/</u> <u>1949</u> , that I last saw the deceased alive on <u>4/15/</u> <u>1949</u> , and that death occurred at <u>5:40A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Frank E. HBS		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-49		24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. 4-18-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE HBS Moore		ADDRESS 1820 E 18 St	

(Licensed Embalmer's Statement on Reverse Side)

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

48
3
8
0

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed HB Moore

Signed.....
Student Embalmer

Licensed Embalmer No. 2410

P. O. Address 1870 E 18th St

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.