

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2843

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>11-YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>5738 WABASH AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDRICK</u> b. (Middle) <u>AUGUST</u> c. (Last) <u>BANNIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-27-1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH-11-1863</u>		9. AGE (In years last birthday) <u>87 YEARS</u>		10. UNDER 1 YEAR Days _____ 11. UNDER 1 Wks. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 11 YEARS - MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOES FOR SELF</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>FREDRICK A. BANNIER</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHY UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. DENA BANNIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT BANNIER</u> ADDRESS <u>8716 WOODLAND AVE. KANSAS CITY, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duodenal Ulcer - perforated into pancreas</u>		DUENAL ULCER - PERFORATED INTO PANCREAS		<u>24 HRS - UNKNOWN</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ULCER</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Assoc. d pancreatitis</u>		<u>5 1/2</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		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 June, 1946, to death, 1950, that I last saw the deceased alive on 6-26, 1950, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G.M. Osgood</u>		23b. ADDRESS <u>915 PROFESSIONAL Bldg KANSAS CITY MO.</u>		23c. DATE SIGNED <u>6-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>WATSEKA, ILLINOIS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>6-28-50</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>			

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Bernard L. Jones*

Signed.....

Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address *H. C. 1110*

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.