

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41476

State File No.

5528

FILED JAN 5 1952

BIRTH NO. 7721-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

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) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>10 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>2036 LISTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>		b. (Middle) <u>ALLEN</u>	
c. (Last) <u>BANCHERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23-1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>FEB-3-51</u>
9. AGE (In years last birthday) <u>10</u>		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALFRED M. BANCHERS</u>		13b. MOTHER'S MAIDEN NAME <u>MABEL HINSEY</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>A.M. BANCHERS</u> ADDRESS <u>2036 LISTER, K.C., Mo.</u>	
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.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital anomaly of heart with inter ventricular septal defect from birth</u>		10 1/2 mos	
DUE TO (c)		7542	
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 type="checkbox"/> NO <input checked="" 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>2-3-</u> , 1951, to <u>12-23-</u> , 1951, that I last saw the deceased alive on <u>12-23-</u> , 1951 and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos. C. Mc Hale M.D.</u> (Degree or title)		23b. ADDRESS <u>4620 Underwood Ave KC Mo</u>	
23c. DATE SIGNED <u>12-24-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Dec-27-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. BLACKMAN & SON INC.</u> ADDRESS <u>K.C., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	

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.....
Student Embalmer

Signed *James E. Hackler*.....

Licensed Embalmer No. *4573*.....

P. O. Address *H. C. Md*.....

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.