

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

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>41</u> years		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1848 Benton</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1848 Benton</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>B.</u> Last <u>BANKS</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>21</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/5/1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercy Hosp.</u>	11. BIRTHPLACE (City and state or country) <u>Osceola, Kan.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Martin F. Hooks</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Ann Harper</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin Banks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>425-20-1438</u>	17. INFORMANT Address <u>Mrs. Mildred Banks Houston- 1848 Benton</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Several Minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Arteriosclerotic Heart Disease</u>	DUE TO (c) <u>Cerebral Arteriosclerosis with Residual of Cerebral Vascular Accident</u>				Over <u>2 yrs</u>	
	DUE TO (a) <u>Diabetes Mellitus</u>					Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from <u>7-14-1958</u> to <u>1-21-1960</u> and last saw her alive on <u>1-16-1960</u> Death occurred at <u>4 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. Robert Negro</u> (Degree or title)			22b. ADDRESS <u>1222 McGee St., K.C., Mo.</u>		22c. DATE SIGNED <u>1-25-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/27/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ft. Leavenworth Natl. Cem.</u>	23d. LOCATION (City, town, or county) <u>L eavenworth, Kan.</u>	(State)			
24. FUNERAL DIRECTOR <u>E. Sterling Bills</u> ADDRESS <u>1212 Vine</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 25, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. Robert Negro

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. Sterling Bill

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.