

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1171**
Registrar's No. **515**

FILED FEB 11 1948

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
(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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days**
In this community **3 Years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3334 Virginia**
(If rural, give location)
(e) Citizen of foreign country? **no**
If yes, name country.

3. (a) PRINT FULL NAME **ELMER H. BANKS**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **491-22-0831**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Kena Banks**
6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **June 5, 1889**
(Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **26**
If less than one day hr. min.

9. Birthplace **Texas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Life Insurance Agent**

11. Industry or business
12. Name **David Banks**
13. Birthplace **Springdale Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Keele**
15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Kena Banks**
(b) Address **3334 Virginia**
17. (a) **Removal** (b) Date thereof **2-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Clinton, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**
19. (a) **2-1-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **31**
year **1946** hour **4** minute **30** A. M.
21. I hereby certify that I attended the deceased from **1/26/46**
19 to **1/31/46** 19
that I last saw h. alive on _____ 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction**
Due to **Mesenteric thrombosis**
Due to **Intestinal resection**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **99.1**
Of operations
Of autopsy
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature **Arzyle Bldg** (M. D. or other)
Address Date signed

36 (Licensed Embalmer's Statement on Reverse Side)

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

826

The Honorable T. M. ...
836 ...
1 - 2:30

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.....

..... Licensed Embalmer No.....

P. O. Address.....

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.