

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 704
Registrar's No. 704

Registered on FILED MAR 18 1945

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 548 Main 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Banasky

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1945 hour 6 minute 30 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1-9-1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-17-45 to 2-1-45
that I last saw him alive on 2-1-45
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation none

Due to _____

Due to _____ 47 C

Other conditions See above
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Not known

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. General Hospital No. 1

17. (a) Burial (b) Date thereof 2-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See above

18. (a) Signature of funeral director City mortician

(b) Address _____

19. (a) 2-13-45 (b) T. S. Brown (N3)
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy See above

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature Clark W. Seely M.D. 2-8-45
(M. D. or other) (Date signed)

Address Med. Dir. Gen'l Hosp.

36'

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wm. A. Lawrence

Licensed Embalmer No.....

3089

P. O. Address.....

150 7th

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.