

FILED MAY 20 1946
Registration District No. **149**

Primary Registration District No. **1002**

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:
51 East 52nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether
In this community **40 years** (Specify whether
years, months or days)

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. **51 East 52nd Street**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1946** hour **12:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 13**
1945, 19... to **May 8**, 19**46**
that I last saw **her** alive on **May 18**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Renal Disease** Duration
Renal Stenosis **3 mos**

Due to **Chronic Renal Stenosis** years
Due to **Chronic Interstitial Nephritis** years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **310**

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) _____
Means of injury _____

23. Signature **David A. Polesinski** (M. D. or other)
Address **928 West 13th St. AC Mo** Date signed _____

3. (a) PRINT FULL NAME **Mrs. Frances S. Bangs**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **W. Nelson Bangs** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **June 12 1851**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 **10** **26** hr. min.
27

9. Birthplace **Massachusetts**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **John Ross**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Janes**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruhl**

(b) Address **51 East 52nd St., Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **5-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawrence, Kansas**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-9-46** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

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

15417

Dr. David Robinson

Prof. H. B. Cook

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..... *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *N.C. Mo*

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.