

S. No. 2 -
1-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9300

State File No. _____

FILED MAR 25 1947

Registrar's No. 1131

Registration District No. 199

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

(c) Name of hospital or institution:
3600 East 56th St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
10 years (Specify whether
In this community _____
years, months or days)

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. 3600 East 56th St. 5

(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William B. O'Bannon

3. (b) If veteran, name war No

3. (c) Social Security No. 499-16-8306

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 6: minute 10 A.M.

21. I hereby certify that I attended the deceased from July 1 - 46
1946 to 3-12 1947

that I last saw him alive on July 1 - 46 1946
and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color of race Wh

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

6. (b) Name of husband or wife Cora B. O'Bannon

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 21 1882
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 12-2 1/2 hrs.

Due to arterial hypertension 2-4 1/2

Due to _____

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days 64 7 19
If less than one day hr. min.

Major findings: gall stones

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Cass County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Warehouse Employee

11. Industry or business Geo. Breon Drug Co.

12. Name Richard O'Bannon

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

14. Maiden name Bell W. McDonald
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Wm. B. O'Bannon

(b) Address 3600 East 56th St.

17. (a) Burial (b) Date thereof 3-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Index Cem. Cass County, Mo.

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.

19. (a) 3-12-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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? No.

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J.B. Wallace (M. D. or other)
Address 1215 Pratts Bldg Date signed 3/12/47

APR 28 1951

Riatta Blk
H A 7051

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 Cecil B. Blount

Licensed Embalmer No. 3807

P. O. Address Kennett City, 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.