

FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 192

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 2631 Felix Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2631 Felix Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) John	c. (Last) Bansbach	4. DATE OF DEATH (Month) (Day) (Year) January 19, 1949
-------------------------------------	-------------------	------------------	--------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16, 1876	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
-------------	------------------------	--	--------------------------------	------------------------------------	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon	10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	--	--	---------------------------------------

13a. FATHER'S NAME Joseph Franz Bansbach	13b. MOTHER'S MAIDEN NAME Louise Henrietta Floerke	14. NAME OF HUSBAND OR WIFE Vera Bansbach
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Vera Bansbach	ADDRESS 2631 Felix St. St. Joseph, Mo.
---	------------------------------	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Rt. Kidney	DUE TO (b) Metastasis to Lung & Liver	4 Months
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		4 Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Sept - 15, 1948, to Jan - 19, 1949, that I last saw the deceased alive on Jan - 18, 1949, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE T. R. Howden M.D.	(Degree or title)	23b. ADDRESS 620 Terrence St.	23c. DATE SIGNED 1-19-49
----------------------------------	-------------------	-------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 21, 1949	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. Jan. 20, 1949	REGISTRAR'S SIGNATURE E. B. Jenkins	38	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoff	ADDRESS 1946 Colhoun St. St. Joseph, Mo.
--	-------------------------------------	----	---	--

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

APR 5 1949

JUN 3 1949

MAY 5 1950

APR 23 1951

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, Raymond W. Herche

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Raymond W. Herche*

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.