

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37100**
4674

FILED NOV 22 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 0		c. LENGTH OF STAY (in this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 32		
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			d. STREET ADDRESS (If rural, give location) 2202 Forest Avenue 0		

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA		b. (Middle)		c. (Last) BANKS		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 25 1949	
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5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH MARCH 16 1877		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) BOONEVILLE, MISSOURI 0			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME WINSTON CARR			13b. MOTHER'S MAIDEN NAME LUCY BOWLES			14. NAME OF HUSBAND OR WIFE James Banks					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JUANITA BRITTON 2202 Forest Avenue							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEFT KIDNEY NEOPLASM (TYPE UNDETERMINED)													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.													

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 236x								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 10/16/, 1949, to 10/25/, 1949 that I last saw the deceased alive on 10/25/, 1949 and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE Frank El... (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 10/25/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11/4/49		24c. NAME OF CEMETERY OR CREMATORY Lawrence K.C.		24d. LOCATION (City, town, or county) (State) Lawrence K.C.	
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DATE REC'D BY LOCAL REG 11-4-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		GENERAL DIRECTOR'S SIGNATURE ADDRESS Abraham Burr 2304 Olive St	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *B. L. Graham*

Licensed Embalmer No. *2540*

P. O. Address *2304 Kline St*

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.