

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40562**
5008

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY											
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS 2445 Walnut											
3. NAME OF DECEASED a. (First) HATTIE (Type or Print)			b. (Middle) Wilson		c. (Last) BANKS		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 22 1950								
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 30 1878		9. AGE (In years last birthday) 73	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 1 MONTH</td> <td>IF UNDER 1 HOUR</td> <td>IF UNDER 1 MIN.</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Min.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 HOUR	IF UNDER 1 MIN.	Months	Days	Hours	Min.
IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 HOUR	IF UNDER 1 MIN.												
Months	Days	Hours	Min.												
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) NEW ORLEANS, LOUISIANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.									
13a. FATHER'S NAME DAVE DAVIDSON			13b. MOTHER'S MAIDEN NAME SARAH DAVIDSON		14. NAME OF HUSBAND OR WIFE Unk.										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ESTELLA DAVIS 820 C St; Lincoln, Nebr.											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (CLINICAL)</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF ANTERIOR VAGINAL WALL WITH G.U. TRACT OBSTRUCTION. DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH 176h								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>10-11</u> , <u>19-50</u> to <u>11-22</u> , <u>19-50</u> that I last saw the deceased alive on <u>11-22</u> , <u>1950</u> ; and that death occurred at <u>9:25A</u> m., from the causes and on the date stated above.															
23a. SIGNATURE E. Frank Ellis MD				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 11-25-50									
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/28/50	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri										
DATE REC'D BY LOCAL REG. 11-28-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter D. Dean, 1729 Lydia											

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

J. Jerome Malone

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.