

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **12793**  
 Registrar's No. **1820**

**FILED** MAY 3- 1952

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1820</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>30 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>3528 GENESSE STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST MARY HOSPITAL</b>				3. NAME OF DECEASED a. (First) <b>CHARLES</b> b. (Middle) <b>RAY</b> c. (Last) <b>BANTA</b>			
4. DATE OF DEATH <b>APRIL 21, 1952</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>8/18/1894</b>		9. AGE (In years last birthday) <b>57</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SWITCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K. C. TERMINAL</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Thomas E. Banta</b>		13b. MOTHER'S MAIDEN NAME <b>Minerva Jane Bricker</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS BERTHA BANTA</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>703-03-9443</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS BERTHA BANTA</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular Disease</b> ANTECEDENT CAUSES DUE TO (b) <b>Uremia Acute</b> DUE TO (c) <b>Obesity</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>443X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b> <b>2 days</b> <b>4 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) (Min)	
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 <b>16 April, 1952</b> , to <b>21 April, 1952</b> , that I last saw the deceased alive on <b>21 April, 1952</b> , and that death occurred at <b>2:40 p. m.</b> , from the causes and on the date stated above.		23. SIGNATURE <b>James W. Downey</b> (Degree or title) <b>M.D.</b>	
23b. ADDRESS <b>800 Argyle Bldg K.C. Mo</b>		23c. DATE SIGNED <b>4-22-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/24/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Seraldine Holmes</b>		ADDRESS <b>GATES FUNERAL HOME, KANSAS CITY, KANSAS</b>	
DATE REC'D BY LOCAL REG <b>4-22-52</b>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <b>GATES FUNERAL HOME, KANSAS CITY, KANSAS</b>			

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

Dr. Donnell  
Argyle Bldg  
No 9878

**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 Jimmy S. Huckschorn  
Licensed Embalmer No. 4092

P. O. Address Marion, Tenn.

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.