

FILED DEC 11 1957

40191  
STATE FILE NUMBER  
5583

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5583

3. 300  
1-57

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, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DEAD ON ARRIVAL K.C. GENERAL HOSPITAL</b>		Length of stay in lb <b>7 mo.</b>	d. STREET ADDRESS (If outside, give location) <b>342 FOREST AVENUE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHARITY</b> Middle <b>ETHEL</b> Last <b>BANNISTER</b>			4. DATE OF DEATH Month <b>NOV.</b> Day <b>22</b> Year <b>1957</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE-23-1984</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) <b>DAVIS COUNTY, IOWA</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HENRY WOOD</b>	13b. MOTHER'S MAIDEN NAME <b>ADA VANDELL</b>
14. NAME OF HUSBAND OR WIFE <b>AMOS E. BANNISTER, SR.</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>514-09-3500</b>
17. INFORMANT <b>AMOS E. BANNISTER, SR.</b>		Address <b>342 FOREST AVENUE KANSAS CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cause of death unknown</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7955</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) .. <b>Seen once by a Dr. no diagnosis</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See once by a Dr. no diagnosis</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens</b>		22b. ADDRESS <b>1034 Pleasant Blvd</b>	
22c. DATE SIGNED <b>11-25-57</b>		23. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>NOV-26-1957</b>	
23c. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>	
ADDRESS <b>1331 BROWN CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-26-57</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		(Licensed Embalmer's Statement on Reverse Side)	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Hugh H. Owens



1 JAN 3 1958

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 .....  
Signature of Student Embalmer

Signed *Chester K. Brown*

Licensed Embalmer No. *4931*  
P. O. Address *K E 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.