

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37950

State File No.

4548

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community 116 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Bass

3. (b) If veteran, name war XX 3. (c) Social Security No. No

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank O. Bass 6. (c) Age of husband or wife if alive Don't know years
7. Birth date of deceased Dec. (Month) 4 (Day) 1876 (Year)

8. AGE: Years 63 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Philadelphia Pa. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name No Record

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Gregory E. Hodges

(b) Address Kansas City, Mo.

17. (a) Removal (b) Date thereof 11-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg, Pa.

18. (a) Signature of funeral director M. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-29-40 (b) M. M. Brown
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
Street No. 36th & Broadway (Hyde Park Hotel)
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 26 day Nov
year 1940 hour 10:10 minute 10 M.

21. I hereby certify that I attended the deceased from 11-4-
1940 to 11-26 1940
that I last saw him alive on 11-26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
of uterus and pelvis
Strutted Duration 8 mo.

Due to Primary Cancer of Uterus

Due to 48

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: Ext. Coratory - General
Cancer of uterus & pelvis

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. M. Wagner (M. D. or other)

Address 1401 8th St Date signed 11-27-40

NOV 3 1938

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

A. R. Haunschild

Licensed Embalmer No. *4159*

P. O. Address *K. C. 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 this body is not embalmed, fact should be so stated above.