

No. 2
-13-40
17-39
X23159

Registration District No. 399

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 So. Jackson,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community 20 years,
years, months or days)

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")
(d) Street No. 115 So. Jackson,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Minnie Jones Baskin,

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced / Married,
6. (b) Name of husband or wife Edwin T. Baskin, 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased April 6 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 5 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name James Jones,
13. Birthplace Virginia, (City, town, or county) (State or foreign country)
14. Maiden name Auria Andrews,
15. Birthplace Ireland, (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Baskin,
(b) Address 115 So. Jackson, Kansas City, Mo.

17. (a) Removal, (b) Date thereof 3-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3/12/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1941 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1941, to March 11 1941;
that I last saw h. alive on March 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of foot

Due to Antemortem

Due to Diabetes

Other conditions fract hip
(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy None

Duration 1 mo
147
PHYSICIAN
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) Accident

(b) Date of occurrence about Feb - 1940

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

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

(Specify type of place) (e) Means of injury Fall

23. Signature Henry H. Jones (M. D. or other)

Address Kansas City, Mo Date signed 3/11/41

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

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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 E. M. Plank

Licensed Embalmer No. 1848

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.