

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED JUN 10 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17180**
1842
Registrar's No. _____

Registration District No. **397**

Primary Registration District No. **1007**

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: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Years**
(Specify whether years, months or days)
In this community **20 Years**

3. (a) PRINT FULL NAME **Edward D. Bassford**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **486-10-3580**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Ellen Bassford** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **July 4 1880**
(Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **5** If less than one day
hr. min.

9. Birthplace **New York City** **N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **North Mehorney**

12. Name **Edward Bassford**

13. Birthplace **New York** **N.Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Bassford**

15. Birthplace **New York** **N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Bassford**

(b) Address **1300 E. 36st. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **5 / 12 / 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemtery**

18. (a) Signature of funeral director **Rose & Henderson**

(b) **May 11 1941** **15th & Jackson St.**

19. (a) **May 11 1941** (b) **M. M. Crowe**
(Date 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")
(d) Street No. **1300 E. 36 St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9**
year **1941** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 10 1941** to **May 9 1941**
that I last saw him alive on **May 4 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **1st attack about March 15 1941**

Due to **2nd April 10 1941**
3rd May 9 1941

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations **none**

Of autopsy **none**

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) _____
(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? **no**

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

23. Signature **J. J. Hama** (M. D. or other) _____
Address **1113 Grand K.C. Mo.** Date signed **5/10/41**

WRITE PLAINLY—USE 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.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.