

FILED MAR 16 1942

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 870

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: General Hospital No. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-15-42-2-21-42  
(Specify whether  
In this community unknown  
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. 1907 Linwood  
(If rural, give location)  
(e) Citizen of foreign country?    (Yes or No)  
If yes, name country   

3. (a) PRINT FULL NAME ANNA BELL BASS

3. (b) If veteran, name war    3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive    years

7. Birth date of deceased (Month) unk (Day)    (Year)   

8. AGE: Years 35 Months    Days    If less than one day    hr.    min.

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

10. Usual occupation unknown

11. Industry or business   

MOTHER FATHER { 12. Name unknown  
13. Birthplace (City, town, or county) 9 unknown (State or foreign country)     
14. Maiden name unknown  
15. Birthplace (City, town, or county) 9 unknown (State or foreign country)   

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 3-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation   

18. (a) Signature of funeral director Wm. A. Schuyler  
(b) Address City

19. (a) 3-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1942 hour 6 minute 35 p.m.

21. I hereby certify that I attended the deceased from February 15 1942 to February 21 1942  
that I last saw her alive on February 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Advanced Pulmonary Tuberculosis with Inanition

Due to     
Due to    13 B

Other conditions (Include pregnancy within 3 months of death)   

Major findings: Of operations     
Of autopsy   

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 W. A. Schuyler (M. D. certificate)     
Address W. A. Schuyler, 115-600 E. 22 Date signed 3-23-42

Duration     
PHYSICIAN     
Underline the cause to which death should be charged statistically.

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

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SEP 4 1946

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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.....

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.**