S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40817

FILED DEC 22 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5150

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: 1212 DENVER AVENUE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 23 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 DENVER AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME MRS. NANCY BELL BASH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. PHILLIP W. BASH

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MARCH (Month) 15 (Day) 1883 (Year)

8. AGE: Years 60 Months 8 Days 20 If less than one day ___ hr. ___ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name ELI HUGH BRUCE /
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ALICE BENSON /
15. Birthplace (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Mrs Gio Farmer
(b) Address 707 S Wheeling

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-18-43 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-7-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 5TH year 1943 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from the 3, 1943, to Dec 5, 1943 that I last saw her alive on Dec 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Cerebral accident	2 days
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? — (Specify type of place)

While at work? — (e) Means of injury

23. Signature E. H. Wyatt O (M. D. ~~or other~~)

Address 3850 Prospect Date signed 12-6-

361

(Licensed Embalmer's Statement on Reverse Side)

3830 Prospect Avenue

JAN 6 1945

MAR 20 1946

JUN 25 1946

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.