

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 1944**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **5934**  
Registrar's No. **952**

Registration District No. **149**

Primary Registration District No. **1002**

**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: **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 hours**  
(Specify whether years, months or days)  
In this community **3 months**

**3. (a) PRINT FULL NAME** **GEORGE C. BASSO**

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

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **February 29, 1888**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56** **0** **0** hr. min.

9. Birthplace **Italy 5**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Sebastian**  
13. Birthplace **Italy 5**  
(City, town, or county) (State or foreign country)  
14. Maiden name **No record**  
15. Birthplace **Italy 5**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Katherine Basso**  
(b) Address **Savage, Montana**

17. (a) **Removal** (b) Date thereof **3/1/1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savage, Montana**

18. (a) Signature of funeral director **Quirk and Delino Co**  
(b) Address **20 West Linwood Blvd.**

19. (a) **2-29-44** (b) **D. E. Brown**  
(Date received local register) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Montana** (b) County **999**  
(c) City or town **Savage** **27**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country **2**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **2** day **29**  
year **1944** hour minute M.

21. I hereby certify that I attended the deceased from **Feb - 24** 19**44** to **Feb 28** 19**44**  
that I last saw him alive on **Feb 28** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized peritonitis**  
Due to **Subdiaphragmatic abscess**  
Due to **Perforated gastric ulcer**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1**  
Of autopsy **As above**  
1170

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 **1**

23. Signature **Clyde Switzer** (M. D. or other)  
**Dr. Bruce Greenwood, M.D.** Date signed **2-29-44**

(Licensed Embalmer's Statement on Reverse Side) **Pathologist: St. Joseph Hosp, K.C., Mo**

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

*Quirk & Tobin*

**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 *Charles M Quirk*

Licensed Embalmer No. *3774*

P. O. Address *Kansas City, 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.**