

FILED JAN 17 1945

State File No.

Registrar's No. 5420

Registration District No. 149

Primary Registration District No. 1002

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

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 9 1/2 E. 5 St. 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____ 0

3. (a) PRINT FULL NAME John Bass

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, single

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

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

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

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

10. Usual occupation Cook

11. Industry or business _____

12. Name John Bass

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

14. Maiden name _____ (City, town, or county) Illinois (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Record Dept

(b) Address R. E. Gen'l Hospital

(c) Place: burial or cremation R. E. Gen'l Hosp

18. (a) Signature of funeral director Wm A. Johnson

(b) Address City

19. (a) 12-31-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1944 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 19 1944, to Dec. 16 1944, that I last saw him alive on Dec. 16 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardiovascular disease

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 93 d

Major findings: Of operations _____

Of autopsy None

Duration
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? _____

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

23. Signature A. E. Upsher (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 12-18-44

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.