

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19401

State File No.

2691

FILED JUL 11 1945

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 minutes
(Specify whether
In this community 3.5 yrs.
years, months or days)

3. (a) PRINT FULL NAME ARTHUR BASS

3. (b) If veteran,
name was no

3. (c) Social Security
No. None

4. Sex male
5. Color or race Negro
6. (a) Single, widowed, married,
divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive 1891
years
7. Birth date of deceased January
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 20
hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation porter

11. Industry or business General Home

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2.

17. (a) Burial (b) Date thereof 6-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Independence, Mo. Woodlawn Cemetery

18. (a) Signature of funeral director E. L. Davis

(b) Address Independence, Mo.

19. (a) 6-26-45 (b) Geraldine Holmes
(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. 1323 E. 14th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1945 hour 12:00 noon minute 0 M.

21. I hereby certify that I attended the deceased from 6-24-45
11:23 a.m. to 12:00 noon
that I last saw him alive on 6-24-45
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Pulmonary Edema Duration

Due to Hypertensive type heart disease

Due to Decompensation

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 E. L. Davis (M. D. or Other)

Address Gen. Hosp. #2-600622 Date signed 6-26-45

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

L. J. Harris Sr.

Licensed Embalmer No.

3388

P. O. Address

74 E. 1st St.

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.