

S. No. 2
M-8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1178

State File No.

Registrar's No.

FILED JAN 21 1946

Registration District No.

Primary Registration District No.

1002

44

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:
910 West 33rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Grace Irwin Bass

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry R. Bass 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 70 hr. min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name Charles Irwin 4
13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)
14. Maiden name Annie C. Menzie 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry R. Bass
(b) Address 910 E. 33rd St., Kansas City, Mo.

17. (a) burial (b) Date thereof 1-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-5-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 910 West 33rd Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1946 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from March 27
1944 to Jan 3 1946
that I last saw her alive on Jan 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 24 hours
Due to Acute Myocarditis 6 weeks
Due to Coronary Arteriosclerosis 6 weeks

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 94a PHYSICIAN —
Of operations —
Of autopsy —
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 J. W. Brainerd M.D. (M. D. or other)
Address 3527 Broadway K.C. Mo. Date signed 1/4/46

Dr. J. W. Grauerholz

3-27
B. ...
till 5 p.m.

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. 3745

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.