S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1552

State File No.

Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 5364

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: 5338 Brooklyn /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5338 Brooklyn 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PHEBIA A. LOMBARD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. /

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frank

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

7. Birth date of deceased Nov. 27, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	29	hr. min.

9. Birthplace Clayton (City, town, or county) Michigan / (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name Elias William Bassett
13. Birthplace (City, town, or county) Michigan / (State or foreign country)

MOTHER
14. Maiden name Sarah Barnhart
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Fern Harpold /
(b) Address 5338 Brooklyn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansa s City, Mo.

19. (a) 12-27-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1945 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1943, 19__, to Dec 26, 1940
that I last saw her alive on Dec 24, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	6 days
Due to Influenza	2 wks
Due to	
Other conditions arterio sclerosis (Include pregnancy within 3 months of death)	20 yrs

Major findings:
Of operations 33 a
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) No
(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. W. Slusher (M. D. or other)
Address 900 Rialto Bldg KC Mo Date signed 12-27-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Blackman
Rialto Bldg.

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 H D Blackman

Licensed Embalmer No. 3639

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.