

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 12 1946**  
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33445**  
Registrar's No. **4610**

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
32273

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 3 DAYS  
(Specify whether years, months or days) 40 YRS.

3. (a) PRINT FULL NAME MARTIN MARY BASS  
3. (b) If veteran, name war no  
3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Martin Bass  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased NOVEMBER 24, 1915  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 06  
If less than one day hr. min.

9. Birthplace LITTLE ROCK ARKANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name ALLEN AKRIDGE

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

14. Maiden name ELIZABETH HAMILTON

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

16. (a) Informant PRESTON BASS (UNCLE-IN-LAW)

(b) Address 1317 WOODLAND

17. (a) Burial (b) Date thereof Nov 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. N.E. Wash.

19. (a) 11-2-46 (b) Gerardine 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. 1225 HIGHLAND  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 30, year 1946 hour 9: minute 35 P.M.

21. I hereby certify that I attended the deceased from OCTOBER 27, 1946 to OCTOBER 30, 1946; that I last saw h. ER alive on OCTOBER 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death DIABETIC ACIDOSIS Duration

Due to DIABETES MELLITUS

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations U1

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)

(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 Means of injury U1

23. Signature Stankovic (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 10/31/46

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**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.**