

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20820
Registrar's No. 2414

Registration District No. 149

Primary Registration District No. 1002

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 #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether)
In this community **8 yrs.**
(years, months or days)

3. (a) PRINT FULL NAME **JERRY LEE BASS**

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

4. Sex **MALE** 2
5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **APRIL** 27 1894
(Month) (Day) (Year)

8. AGE: Years **53** Months **1** Days **3**
If less than one day
.....hr.min.

9. Birthplace **ALBANY** **GEORGIA** /
(City, town, or county) (State or foreign country)

10. Usual occupation **PORTER**

11. Industry or business

12. Name **RICHARD BASS**
13. Birthplace **GEORGIA** /
(City, town, or county) (State or foreign country)
14. Maiden name **ANNIE**
15. Birthplace **GEORGIA** /
(City, town, or county) (State or foreign country)

16. (a) Informant **SELF ON ADMISSION**

(b) Address
17. (a) **Burial** (b) Date thereof **6/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **W. J. ...**
(b) Address **1729 ...**

19. (a) **6-3-47** (b) **Gertrude 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. **925 East 17th Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **30th**
year **1947** hour **11** minute **50** P. M.

21. I hereby certify that I attended the deceased from **MAY** **10th** 19 **47** to **MAY** **30th** 19 **47**
that I last saw him alive on **MAY** **30th** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death
CARCINOMA OF THE GALL
BLADDER

Due to

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations

Of autopsy

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature **...** (M. D. or other)
Address **600 East 22nd Street** Date signed

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.....

Jerome Manlove
.....
Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

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.