No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26766

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1089

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2604 Renick St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community About 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2604 Renick St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Frank Joseph Bashinski
3. (b) If veteran, name war None
3. (c) Social Security No. 491-10-7405
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased October (Month) 14 (Day) 1884 (Year)

8. AGE: Years 62 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Texas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business C. B. & Q Railroad
FATHER
12. Name Joseph Bashinski
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Francis Wojchiehowska
15. Birthplace Unknown (City, town, or county) Poland (State or foreign country)
16. (a) Informant Mrs. Anna Bashinski
(b) Address 2604 Renick St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep't. 9, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 9-10-47 (Date received local registrar) (b) K. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 4 to September 5, 1947 to Sept 6, 1947 that I last saw him alive on September 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrics of Iron Malignant | Duration no facts
Due to Alcoholism of several years duration
Due to the above is from History of case
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Dr John J Wiss MD (Attendant or Coroner)
Address 109½ N 8 St Joseph Mo Date signed 9/8-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 George A. Kirby Registered Apprentice No. 41, working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.