No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 23 1947
Registration District No. 1279

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31087
Registrar's No. 3882

Primary Registration District No. 1002

1. PLACE OF DEATH
(a) County JACKSON
(b) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 38th & Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 39 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY, MO. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 WOODLAND 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PRESTON BASS
3. (b) If veteran, name war NONE
3. (c) Social Security No. 495-05-2722
4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased AUG (Month) 30 (Day) 1886 (Year)

8. AGE: Years 61 ~~60~~ Months 0 Days 9 ~~21~~ If less than one day hr. min.

9. Birthplace KANSAS (City, town, or county) (State or foreign country)
10. Usual occupation LABORER (HOD CARRIER)
11. Industry or business
FATHER
12. Name JOHN ROBERT BASS
13. Birthplace MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MAHALIA BLACKBURN
15. Birthplace MO (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Emma Bass (Widow)
(b) Address 1317 Woodland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address 1819 E. 15 K.C. Mo.
19. (a) 9-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9
year 1947 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Deputy Corner, 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Due to Hypertensive Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93 D
Of autopsy No-Permit

Duration

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)
Where at work? (e) Means of injury
23. Signature J. Pinellhaus (M. D. ~~or other~~)
Address 2636 - Brooklyn Date signed 9-10-47

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..... Registered Apprentice No....., working under my personal supervision.

Signed Wm. G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th KC 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.