S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 26 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41574
Primary Registration District No. 1002
Registrar's No. 5247

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: LAKESIDE HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WKS (Specify whether In this community years, months or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. 2015 SWOPE PARKWAY (If rural, give location) 8 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME MARY LIGHTNER BASSING
3. (b) If veteran, name war No
3. (c) Social Security No. 493-12-8985

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. FRANCIS J. BASSING.
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased NOVEMBER 18 1904 (Month) (Day) (Year)

8. AGE: Years 43 | Months 0 | Days 24 | If less than one day ....hr. ....min.

9. Birthplace MOUND CITY (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business

MOTHER / FATHER
12. Name WILLIAM DALE LIGHTNER
13. Birthplace PITTSBURGH (City, town, or county) PENNSYLVANIA (State or foreign country)
14. Maiden name IDA VIOLET DRUFF
15. Birthplace BATTLE CREEK (City, town, or county) MICHIGAN (State or foreign country)

16. (a) Informant FRANCIS J. BASSING
(b) Address 2015 SWOPE PARKWAY
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] DEC 15 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director O. W. Rountree's Son
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 12-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION TN

20. DATE OF DEATH: Month DECEMBER Day 12 year 1947 hour 12:35 minute A. M.
21. I hereby certify that I attended the deceased from Nov 16, 1947 to Dec 12, 1947 that I last saw h.er alive on Dec 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia & Starvation acidosis	
Due to: Acute Mechanical Intestinal abstruction &	
Due to: Intestinal Fistula due to	
Other conditions (Include pregnancy within 3 months of death): Surgical interference	

Major findings: Of operations: Acute Kink with 12-14 heavy adhesions at terminal end ileum.
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) No
(b) Date of occurrence No
(c) Did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature George J. Conley M.D. (Physician or coroner)
Address [illegible] Date signed

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

212 Jarvis Bldg. (116 N. 4th St.)
1-5

MAY 25 1956

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 D. B. Hopsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, 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.