

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4714

State File No.

490

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community. unknown
years, months or days)

3. (a) PRINT
FULL NAME

Charles Bashore

3. (b) If veteran,
name war no

3. (c) Social Security
No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maud M. Bashore
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 13, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 19 hr. min.

9. Birthplace Paulding, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business Self

12. Name Frederick Bashore

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

14. Maiden name Nancy Craig

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

16. (a) Informant Mrs. Maud M. Bashore

(b) Address 3027 Cleveland Ave., K.C.

17. (a) Burial (b) Date thereof 2-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 2-9-48 (b) Geraldine 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. 3027 Cleveland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1948 hour 6 minute 2 P. M.

21. I hereby certify that I attended the deceased from
Jan. 31, 1948 to Feb. 2, 1948
that I last saw him alive on Feb. 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia-Atelectasis of lung-
Arteriolar nephrosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

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

23. Signature [Signature] (M. D. or other) 2-3-48
Address Med. Dir. Gen'l Hosp. Date signed

Dr. Williams

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.....

Russell N. France....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Russell N. France

Licensed Embalmer No.....

4255

P. O. Address.....

XC 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.