S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 25 1948

Registration District No. 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4715
Registrar's No. 556

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 2229 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2229 Harrison
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosie Bass
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown.
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Dec. (Month) 26 (Day) 1872 (Year)

8. AGE: Years 75 | Months 1 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name John Stokes
13. Birthplace Tenn. (City, town or county) (State or foreign country)
MOTHER
14. Maiden name Caldonia Hunt Tenn
15. Birthplace 2229 Harrison (City, town, or county) (State or foreign country)
16. (a) Informant Annie Sue Starks
(b) Address 2229 Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery K.C. Mo.
18. (a) Signature of funeral director Frances F. Jones
(b) Address 1708 E. 18th St.
19. (a) 2-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1948 hour 10 minute 20 A. M.
21. I hereby certify that I attended the deceased from 9-12-47, 19..., to 2-6, 1948;
that I last saw her alive on 2-6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Primary Cancer of Lung	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations 11/12
Of autopsy 1

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 0

23. Signature [illegible] (M. D. or other)
Address 1830 Vine. Date signed 2-7-48

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 Jannie L. Meek

Licensed Embalmer No. 3818

P. O. Address_____

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.