S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16209
Primary Registration District No. 1002
Registrar's No. 2273

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: 1200 East 9th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 48 Years (Specify whether 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")
(d) Street No.: 1200 East 9th Street 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LEWIS M. BASCUE
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: 495-09-2266
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Bertha Bascue
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: July 25, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 10 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace: Ulysus, Nebraska (City, town, or county) (State or foreign country)
10. Usual occupation: Treas. Local No. 101
11. Industry or business: Hoisting Engineers
MOTHER FATHER
12. Name: John Bascue
13. Birthplace: Unkown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Emily Reeves
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Bertha Bascue
(b) Address: 1200 East 9th Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Osceola, Missouri
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri
19. (a) 6-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May th day: 30 year: 1948 hour: 5 — minute: 10 P.M.
21. I hereby certify that I attended the deceased from: 4 Th Apr. 1948 to: May 30th 1948 that I last saw him alive on: May 30th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Jaundice	
Cancer of stomach and liver	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 4 Ch	
Major findings: Of operations: Apr. 20, 1947. Cancer stomach	
Of autopsy: No	

PHYSICIAN — Underline the cause to 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: B. B. Boorman (M. D. or other)
Address: K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Priestley Bldg.

JUN 12 1948

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., 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.