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

Primary Registration District No. 1002

State File No. 16210
Registrar's No. 2274

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:
5529 BROOKLYN AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 45 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5529 BROOKLYN AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. CARRIE CLYDE BASYE
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of husband ~~or wife~~ MR. OTTO BASYE
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased MARCH (Month) 27 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	1	___ hr. ___ min.

9. Birthplace WHITE COUNTY (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
FATHER
12. Name WILLIAM WYNE KOPP
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name HELEN M. ELDRIDGE
15. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)
16. (a) Informant MR. OTTO BASYE
(b) Address 5229 BROOKLYN AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-1-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director O. K. Newcomer & Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28TH year 1948 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 2, 1948, to May 28, 1948, that I last saw him alive on May 27, 1948, and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Cerebral Hemorrhage - from	May 28 48
Due to: Arterial Hypertension Arteriosclerosis	
Due to:	
Other conditions: Obesity (Include pregnancy within 3 months of death)	

Major findings of operations: NONE
Of autopsy NONE

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

23. Signature Carl Ferris (M. D. or other)
Address 934 Ogden Blvd Date May 29, 1948

(Licensed Embalmer's Statement on Reverse Side) Kansas City, Mo

Wright Bldg

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 Robert Ray

Licensed Embalmer No. 4182

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.