

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29657**
Registrar's No. **3625**

Registration District No. **147**

Primary Registration District No. **1007**

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:
2934 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **36 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HETTIE E. BASS**

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 **Widow**
6. (b) Name of husband or wife **Warren Bass** 6. (c) Age of husband or wife if alive **Dec** years
7. Birth date of deceased **February 25 1871** (Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **10** If less than one day hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Home**

12. Name **Henry C. Greer**
13. Birthplace **West Virginia** (City, town, or county) (State or foreign country)
14. Maiden name **Ann Reynolds**
15. Birthplace **West Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Douglas**

(b) Address **2934 Park K. C. Mo**

17. (a) **Removal** (b) Date thereof **Sept 7, 1948** (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation **Highland Park Cemetery**

18. (a) Signature of funeral director **Wilks Funeral Home**

(b) Address **2315 Linwood K. C. Mo**

19. (a) **9-6-48** (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. **1512 Wabash**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **5** year **1948** hour **7** minute **30 A M.**

21. I hereby certify that I attended the deceased from **8-16-48** to **9-1-48**, 19 **48**, that I last saw him alive on **9-1-48**, 19 **48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Chronic Nephritis
Dropsy
Due to **1318**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **U**

23. (a) **John E. Monahan** (M. D. or other) (b) **900 - Argyle Bldg** Date signed **9-6-48**

Dr. Chas C. Montgomery
Areyale Bldg.
Vi 5335 We 8095

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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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address 192. MLO

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.