

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36361

Registrar's No.

14377

Registration District No.

149

Primary Registration District No.

1002

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: 4021 Holmes /
(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)
In this community 36 years

3. (a) PRINT FULL NAME ELIZABETH BASTMAN

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 Widowed
6. (b) Name of husband or wife George F. Bastman 6. (c) Age of husband or wife if alive 22nd. years 1866
7. Birth date of deceased May (Month) 22nd. (Day) 1866 (Year)

8. AGE: Years 82 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation Knitting Instructor

11. Industry or business Miller-Harris Co.

12. Name Don't Know

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

14. Maiden name Don't Know

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

16. (a) Informant Miss Clara G. Bastman

(b) Address 4013 Holmes

17. (a) Cremation (b) Date thereof 10-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fore Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 10-27-48 (b) Sheldine 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. 4021 Holmes
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25
year 1948 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct. 25 1948 to Oct. 25 1948.
that I last saw her alive on Oct. 25 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to

Due to

Other conditions Intestinal Influenza
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3rd Op.

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature William M. Ferrell Hezen M. Ferrell
(Date received local registrar) (Registrar's signature) (Date signed)

Address 2 East 39 St. Date signed 10/27/48

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

MOTHER FATHER

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 V. Bennett

- - Licensed Embalmer No. 4438

P. O. Address H. 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.