No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36362

Registrar's No. 4567

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

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: 1107 Woodland Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~NB~~ mo (b) County Jackson 48

(c) City or town K. C. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1107 Woodland. 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME MARCELLA B BASTON.

3. (b) If veteran, name war no

3. (c) Social Security No. 499-07-8013

4. Sex Female 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ben Baston

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased 1 (Month) 19 (Day) ~~1948~~ 1888 (Year)

8. AGE: Years 60 Months ~~109~~ Days ~~18~~ 17 If less than one day hr. ____ min.

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

10. Usual occupation House maid

11. Industry or business ____

FATHER
12. Name J. L. Brown.
13. Birthplace ____ (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name LAURENDA Thompson
15. Birthplace ____ (City, town, or county) unknown (State or foreign country)

16. (a) Informant ELZY. Wright.
(b) Address 1533 Ingalls. San Francisco Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Highland CEM.

18. (a) Signature of funeral director BRADY-BROWN.
(b) Address 1708 Tracy ave.

19. (a) 11-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6 year 1948 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw h____ alive on ____ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertensive Heart Disease

Due to ____

Other conditions due to the apoplexy
(Include pregnancy within 3 months of death)

~~Major findings:~~ ~~Of operations~~ Facial Paralysis

Of autopsy No — Permit

Duration

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? J. R. Williams (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature J. R. Williams (M. D. or other) K. C.
Address 2636 Brooklyn Date signed 11-9-48

(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 L. J. Harris, Sr.

Licensed Embalmer No. 3388

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.