

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20343

State File No.

MAILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2548

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. STREET ADDRESS (If rural, give location) 1820 Olive	

3. NAME OF DECEASED (Type or Print) Florence		a. (First) Florence		b. (Middle)		c. (Last) Bass		4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 52	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-6-99		9. AGE (In years last birthday) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texarkanna, Texas		12. CITIZEN OF WHAT COUNTRY? America			

13a. FATHER'S NAME James Stephenson		13b. MOTHER'S MAIDEN NAME Gladys Davis		14. NAME OF HUSBAND OR WIFE Lafayette Bass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Clarence Stephenson, 1810 Olive	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple lung abscesses DUE TO (c) Possibly Tuberculosis.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-19-52, 19 , to 6-5-52, 19 , that I last saw the deceased alive on 6-5-52, 19 , and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 6-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 9-1952		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
24d. LOCATION (City, town, or county) Kansas City, MO.		24e. NAME OF CEMETERY OR CREMATORY Kansas City, MO.		24f. LOCATION (City, town, or county) Kansas City, MO.	
DATE REC'D BY LOCAL REG. 6-6-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Thos. Appleton Jones ADDRESS K. C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. J. Hest

Signed.....

Student Embalmer

Licensed Embalmer No. *2710*

P. O. Address *15. E. Main St*

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.