

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1454

STATE FILE NUMBER

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>3535 Wayne</u>		d. STREET ADDRESS (If outside, give location) <u>3535 Wayne</u>	
3. NAME OF DECEASED (Type or print) <u>LULA MAE BASS</u>		4. DATE OF DEATH Month <u>3</u> Day <u>20</u> Year <u>61</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Col</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-4-1892</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months <u>0</u> Days <u>16</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and state or country) <u>Wilmar Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bartholomew M. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Gordon</u>	
13c. NAME OF HUSBAND OR WIFE <u>Augustus Bass</u>		14. ADDRESS <u>3535 Wayne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Jessie Mae Moore</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>8:30</u> a.m. <u>0</u> p.m. <u>0</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>12-28-60</u> to <u>3-20-61</u> and last saw her alive on <u>3-20-61</u> Death occurred at <u>8:30</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Donald Ferguson</u>	
22b. ADDRESS <u>2012 East 24th St.</u>		22c. DATE SIGNED <u>3/26/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-26-61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Turner Hill</u>		23d. LOCATION (City, town, or county) <u>Monticella Ark.</u>	
24. FUNERAL DIRECTOR <u>E. Sterling Bille</u>		25. DATE RECD. BY LOCAL REG. <u>3-22-61</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		27. STATE OF MISSOURI <u>Keokuk</u>	

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INSTEAD OF

Buck Henderson

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BY AFFIDAVIT OF Funeral Director

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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.