

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24329
State File No. 2939

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Avenue 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. Convalescent Home
3200 Norledge Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 Years
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary Basepl 2110

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 Mr. Steve Basepl 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October 16 1840
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>99</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Syria 7
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 7

11. Industry or business --

MOTHER FATHER { 12. Name Stephen Thomas 7

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

14. Maiden name Vera

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

16. (a) Informant Josephine Mansour

(b) Address 2916 Flora

17. (a) Burial (b) Date thereof July 24th 940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director D. M. Newcomb, Jr.

(b) Address 1401 Brush Creek Blvd.

19. (a) July 23, 1940 (b) M. M. Crowe
(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. 3026 Wayne Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 48 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1940 hour 11 minute 21 A.M.

21. I hereby certify that I attended the deceased from June 27, 1940
_____ 19____ to July 22nd 1940

that I last saw her alive on July 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arteriosclerosis

Due to 97

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 None

(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 _____

23. Signature M. M. Crowe (M. D. or other)
Address 428 S. White Date signed 7-22-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *A. C. Newcomer, Jr.*

Licensed Embalmer No. 4043

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, above space should be left blank.