S. No. 2
—1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17323

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1985

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: Wheatley Provident Hosptial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 weeks
In this community: 29 years (Specify whether years, months or days)

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.: 3008 Summitt
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Andrew Bacote
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: Col
6. (a) Single, married, widowed, divorced: Married
6. (b) Name of husband or wife: Martha Bacote
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: November 15, 1878 (Month) (Day) (Year)
8. AGE: Years 62 Months 6 Days 4 If less than one day hr. min.
9. Birthplace: Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: Ice and Coal Dealer
11. Industry or business:
FATHER 12. Name: Sebron Bacote
13. Birthplace: Miss. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ann Coon
15. Birthplace: Miss. (City, town, or county) (State or foreign country)
16. (a) Informant: Martha Bacote
(b) Address: 3008 Summitt
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Hatkins Bros.
(b) Address: 1729 Lydia
19. (a) May 21 1941 (Date received by local registrar) (b) M. M. Corson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1941 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 7th 1941, to May 19, 1941; that I last saw him alive on May 19 - 41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Hyperkalemia — Duration
Due to: Chronic Interstitial Nephritis
Due to: Hypertension Heart Disease
Other conditions (Include pregnancy within 3 months of death): 131
Major findings: Of operations:
Of autopsy: 131a

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Geo W Hedgepeth (M. D. or other)
Address: 1619 E 12 K.C. Mo Date signed: 5/20/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Isaac Marlow

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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