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X26390

NOV 13 1941

Registration District No. **259**

Primary Registration District No. **1002**

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

In this community **8 years** **0**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**

(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")

(d) Street No. **4020 Harrison St.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mr. Mark H. Basey**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **487-10-9986**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29** year **1941** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 23** 19**41** to **Oct. 29** 19**41**
that I last saw him live on **October 25** 19**41**
and that death occurred on the date and hour stated above.

4. Sex **Male** **0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Irene Basey** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **July 15 1897**
(Month) (Day) (Year)

Immediate cause of death **Acute myocardial infarction, secondary to coronary thrombosis** Duration **2 hrs**

Due to **940**

Due to

8. AGE: Years Months Days If less than one day

44 **3** **14** hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Elk Falls, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Collector**

11. Industry or business **International Harvester Co.**

MOTHER FATHER { 12. Name **John W. Basey**

{ 13. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Carrie Williamson**

{ 15. Birthplace **Hanover, Pennsylvania**
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy **Myocardial Infarction (Left ventricle)**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Irene Basey**

(b) Address **4020 Harrison**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-31-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Elk Falls, Ks. Freeman Mortuary**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **10/30/41** (Date received local registrar) (b) **M. M. Crown** (Registrar's signature)

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?

20. Signature **Joseph F. Welker** (M. D. or other) **MD.**

Address **836 Professional Bldg. Kansas City Mo.**

361 (Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 0 1941

Dr. J. S. Weller
Prof. B. B. B. B.
1:30 - 4:30
V. 6087

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..... *Elmer P. Fiedler*

Licensed Embalmer No..... *3495*

P. O. Address..... *Kansas City*

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.