

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **925**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
5716 Virginia Avenue
(d) Length of stay: In hospital or institution **12 Years**
In this community **12 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **5716 Virginia Avenue**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mr. Charles Erastus Bascom**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Mary M. Bascom**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **June 30 1869**

8. AGE:	Years	Months	Days	If less than one day
	73	7	20	hr. _____ min.

9. Birthplace **Lynn Indiana**

10. Usual occupation **District Passenger Agent**

11. Industry or business **Rock Island R. R. retired**

12. Name **George Bascom**
13. Birthplace **Indiana**
14. Maiden name **Arminda Price**
15. Birthplace **Indiana**

16. (a) Informant **Paul B. Bascom**
(b) Address **2624 W. 48th St. S.W. Okla.**

17. (a) **Burial** (b) Date thereof **Feb 23, 1943**

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **W. H. Newcomer, Sona**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **2-23-43** (b) **M. M. Crown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **20th**
year **1943** hour **7** minute **P.M.**

21. I hereby certify that I attended the deceased from **6-4-1942 to 2-20-1943**
that I last saw him alive on **2-20-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **93.14**
Due to _____
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 _____

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
Means of injury _____

23. Signature **J. J. ...** (M. D. or other) _____
Address **617** Date signed **2-22-43**

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

MOTHER FATHER

410
12:30
Body

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: *Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address *AC 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, fact should be so stated above.