

FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36857  
4977  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ 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: Wheatley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 5 Months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Allen  
(c) City or town Toles City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 606 N. Buckeye St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Fannie M. Bass

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. J. S. Bass

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 1, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 10 25 hr. \_\_\_\_\_ min.

9. Birthplace Murfreesboro, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Mateldia Smith

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

16. (a) Informant William Bass (son)

(b) Address 1915 Kansas Avenue

17. (a) Removal (b) Date thereof 11/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iola, Kansas

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lyell Avenue

19. (a) 11-27-46 (b) Edw. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
year 1946 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 20  
19.46 to Nov. 26 19.46  
that I last saw her alive on Nov. 26 19.46  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Duration

Due to Cerebral Apoplexy

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 832

Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (e) Means of injury ✓

23. Signature [Signature] M. D. locality \_\_\_\_\_  
Address 1850 Vine Date signed 11-27-46

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

MOTHER FATHER

*John P. C. [unclear]*

**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 *John P. C. [unclear]*

Licensed Embalmer No. *329*

P. O. Address *503 Highland*

**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.**