No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4727

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 863

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

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Labette 999
(c) City or town Parsons
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) MRS. PRINT FULL NAME MADGE (JULE) BAZIN
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 Married
6. (b) Name of husband or wife Jule Bazin
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July (Month) 28 (Day) 1902 (Year)

8. AGE: Years 44 Months 6 Days ~~29~~ 28 If less than one day hr. min.

9. Birthplace BLOCKTON (City, town, or county) ALABAMA (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER
12. Name ROBERT M. MILLIAM
13. Birthplace SEDALIA (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name GRACE JONES
15. Birthplace (City, town, or county) ALABAMA (State or foreign country)
16. (a) Informant JULE BAZIN
(b) Address 1600 Broadway, Parsons Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Parsons, Kansas
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1947 hour 10 minute 40 A. M.
21. I hereby certify that I attended the deceased from Jan. 27, 1947
, 19 , to Feb. 26, 1947;
that I last saw her alive on Feb. 26, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial exhaustion
Due to Coronary disease
Due to Toxic Goitre
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 63 B
Of autopsy No

Duration

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 J. G. Montgomery (M. D. or other)
Address 1352 Professional Bldg. Date signed 2-26-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1941

MAY 9 1947

MAY 14 1949

FEB 2 1950

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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, fact should be so stated above.