

Registration District No. 199

Primary Registration District No. 1002

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: GENERAL HOSPITAL NO. 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 BANK 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WARREN BASS

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex MALE 2 5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased MAY 27, 1894
(Month) (Day) (Year)

| | | | | |
|---------|--------------------|--------------------|------------------|--|
| 8. AGE: | Years <u>53</u> | Months <u>8</u> | Days <u>1</u> | If less than one day hr. _____ min. _____ |
|---------|--------------------|--------------------|------------------|--|

9. Birthplace MALVERN ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY BASS

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

14. Maiden name LULA MOORE

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

16. (a) Informant SALLIE MAE SCRUGGS (NIECE)

(b) Address 437 FREEMAN-KANSAS CITY, KAS.

17. (a) Removal (b) Date thereof 1-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery K.C.K.

18. (a) Signature of funeral director Hatcher Funeral Home
(b) Address 1520 N. 5th Street K.C.K.

19. (a) 1-31-48 (b) Sheldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 28, year 1948 hour 7: minute 15 P. M.

21. I hereby certify that I attended the deceased from JANUARY 25, 1948, to JANUARY 28, 1948; that I last saw him alive on JANUARY 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHO-PNEUMONIA
CEREBRAL EDEMA

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy SAME AS ABOVE

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? C-K

(Specify type of place) _____

(e) Manner of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 1/29/48

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 Nathan H. Ketchum

Licensed Embalmer No. 2780

P. O. Address K.C.K.

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.