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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26179  
Registrar's No. 2962

FILED AUG 26 1948  
Registration District No. 49

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  
(c) Name of hospital or institution TRINITY LUTHERAN HOSPITAL  
(d) Length of stay: In hospital or institution 1 WEEK  
In this community 34 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 5626 CHARLOTTE STREET  
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME MRS. CARRIE LEONA BASH  
3. (b) If veteran, name war. No  
3. (c) Social Security No. 492-26-9342

20. DATE OF DEATH: Month JULY day 18<sup>TH</sup>  
year 1948 hour 5 minute 35 P.M.  
21. I hereby certify that I attended the deceased from 1925

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MR. ALBERT F. BASH  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased APRIL 20 1886

that I last saw her alive on July 4 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death

8. AGE: Years 62 Months 2 Days 28  
If less than one day hr. min.

0 Carcinoma Vulva followed by generalized metastases to liver, lungs, abdominal organs  
Duration 2yrs

9. Birthplace KEETESVILLE MISSOURI  
10. Usual occupation AT HOME

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name JAMES STEPHENS  
13. Birthplace JUNKDOWN TENNESSEE  
14. Maiden name MARGARET CAVANAH  
15. Birthplace CHARITON COUNTY MISSOURI

Major findings: Of operations 492  
Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. EVERETT D. CHURCH  
(b) Address 5626 CHARLOTTE STREET  
17. (a) BURIAL (b) Date thereof JULY 20 1948  
(c) Place: burial or cremation FOREST HILL CEMETERY

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?

18. (a) Signature of funeral director D. N. Newcomer-Lons  
(b) Address 1401 BRUSH CREEK BLVD  
19. (a) 7-20-48 (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury  
23. Signature John H. Ogilvie M.D. (M. D. or other)  
Address 730 Prof Bldg Date signed 7/24/48

