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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36795

Registrar's No. 4638

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KansasCity
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2734 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2939 Forest 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME HOWARD F. PASS

3. (b) If veteran, name war World #2

3. (c) Social Security No. Unknown

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Susie Dee Pass

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October (Month) 19 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	0	23	hr. min.

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

10. Usual occupation Grocerman

11. Industry or business Safeway Stores

FATHER
12. Name George Pass
13. Birthplace Chattanooga, Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ora Warren
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susie Dee Pass
(b) Address 2939 Forest K. C. 3 Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Attalla, Alabama

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 11-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1948 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from Corone, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Phenol poisoning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 163 B	
Major findings: Of operations	
Of autopsy 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) suicide
(b) Date of occurrence 11-12-48
(c) Where did injury occur? KC Jackson mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? no (e) Means of injury Phenol

23. Signature James C. Walker James C. Walker (M. D. or other) Corone
Address 1424 [illegible] Date signed 11-12-48

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E. Weeks

Licensed Embalmer No. 2644

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.