

Be carefully supplied. AGE should be stated EXACTLY, and state so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22061

1. PLACE OF DEATH

County Jackson

Township Prairie

City

Registration District No. 400

Primary Registration District No. 5553B

File No.

Registered No. 127

St. Ward

2. FULL NAME

Noel Bass 900 % Jackson Co. Hosp.

(a) Residence, No. Lees Summit Mo.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 30-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

29

8

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buttalo Mo.

MOTHER FATHER

13. NAME

Harvey Bass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Louisburg Mo.

15. MAIDEN NAME

Mable Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buttalo Mo.

17. INFORMANT (ADDRESS)

Harvey Bass
Lees Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Buttalo Mo. DATE 6/21/1938

19. UNDERTAKER (ADDRESS)

N. B. Longford
Lees Summit Mo.

20. FILED

June 20, 1938 William J. Fields
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6/19/38

22. I HEREBY CERTIFY, That I attended deceased from

19 , to 19

I last saw him alive on Coroner 19 Death is said

to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

hemorrhage of lungs
due to punctures by
broken ribs & collar bones

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 19, 1938

Where did injury occur? 2 mi. east of Lees Summit Mo.

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

on highway 40 1/2 mi. east of Lees Summit Mo.

Manner of injury auto wreck

Nature of injury punctured lungs

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

A. B. Swanson H, M. D.

(Address)

Deputy Coroner
Lees Summit, Mo.

210m
11/18

0
0

11
11

RECEIVED
NOV 18 1964
U.S. AIR FORCE
OFFICE OF THE
JOINT CHIEFS OF STAFF
WASHINGTON, D.C.
20330

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22061

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Prarie
(c) City

Registration District No. 400
Primary Registration District No. 5533B

Registered No. 127

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Noel Bass
(a) Residence, No. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 8 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

7 hemorrhage of lungs due to puncture by broken ribs & collar bone.

Other contributory causes of importance:

Two Autos

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Two Autos

Manner of injury Auto Wreck

Nature of injury Punctured lungs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Swaney Registrar, D.

(Address) Lee Summit

