

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40536

Registration District No. 1289

Primary Registration District No. 2023

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike  
(b) City or town: Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

Myrtle M. Bass, 200

3. (b) If veteran,  
name war

✓

3. (c) Social Security  
No. ✓

4. Sex: Male

5. Color or  
race: White

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

5. (b) Name of husband or wife:  
Myrtle Stroup Bass.

6. (c) Age of husband or wife if  
alive: 64 years

7. Birth date of deceased:  
(Month) 9- (Day) 9- (Year) 1939

8. AGE:

Years: 63. Months: 2. Days: 16

If less than one day

hr. min.

9. Birthplace

Louisiana Mo

(City, town, or county) (State or foreign country)

10. Usual occupation

Plumber

11. Industry or business

MOTHER FATHER

12. Name: Andrew Bass

13. Birthplace: Ky

14. Maiden name: Albinia King

15. Birthplace: Pike Co Mo

16. (a) Informant's own signature

E. B. Dick

(b) Address: Louisiana Mo

17. (a) Burial

(b) Date thereof: 11/29-39

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview Cemety

18. (a) Signature of funeral director:

J. H. Hays

(b) Address: Louisiana Mo

19. (a) 11/26/39

(b) J. H. Hays

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike  
(c) City or town: Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No: Cemetery Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 25  
year: 1939 hour: 1 minute: 40 p. M.

21. I hereby certify that I attended the deceased from 11/20/39  
to 11/25/39.  
that I last saw him alive on Nov 25, 1939;  
and that death occurred on the date and hour stated above.  
Immediate cause of death:

Coronary Thrombosis, 1 day  
Due to: Coronary embolism, 1 day  
Due to: Acute Cholecystitis, 5 days  
Cholelithiasis  
Other conditions:  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations: 94  
Of autopsy:

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature: R. P. Hudra, M.D.  
Address: Louisiana Mo Date signed: 11/29/39

RECEIVED

District Health Officer No. 10

District File Number 12-39-2050

Date Filed DEC 5 1939

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.....

George O. Wagner, Registered Apprentice No.....  
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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, above space should be left blank.