

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

FILED MAR 7 1940

Registration District No. 689

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2033

State File No.

7781

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 Cemetery Road
(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

Mrs Myrtle Bass 2nd

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female

5. Color White

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

6. (b) Name of husband or wife

Wm Bass

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

7. Birth date of deceased

Dec 9 - 1875

8. AGE:

Years

Months

Days

If less than one day

64

2

21

hr.

min.

9. Birthplace

Near Webb City, Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

George Stroup

13. Birthplace

Flora Hatchess

(City, town, or county)

(State or foreign country)

14. Maiden name

Flora Hatchess

15. Birthplace

—

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Beal Dick

(b) Address

Louisiana Mo 21/40

17. (a) Bureau
(Burial, cremation, or removal)

(b) Date thereof

2/11/40

(c) Place: burial or cremation

Riverside Cemetery Mo

18. (a) Signature of funeral director

J. C. Bailey

(b) Address

Louisiana Mo

19. (a)

2-28-40

(b)

J. C. Bailey

(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 2 day 28
year 1940 hour 11 minute 45 A. M.

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

- Immediate cause of death Jury's verdict was that she came to her death by her own hands by poison which was self-inflicted
Due to —
Due to —

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

- Major findings:
Of operations 167

Of autopsy

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Parton Tupper (Coroner)
Address Bearings Green Mo Date signed 2/28/40

RECEIVED

District Health Officer No. 10

District File Number 3-40-502

Date Filed MAR 5 1940

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.