DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14584

RECEIVED MAY 15 1940

Registration District No. 163 — Primary Registration District No. 5228 — Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town RURAL, Box Twp

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

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town RURAL, Box Twp

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

(d) Street No. ? (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME NORMAN GARLAND BASS

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 SINGLE

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April 13 1940 (Month) (Day) (Year)

8. AGE: Years ____ Months ____ Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business ____

12. FATHER Name George V Bass

13. Birthplace Vernon County (City, town, or county) Mo (State or foreign country)

14. MOTHER Maiden name Catherine Hardy

15. Birthplace Sheridan (City, town, or county) Mo (State or foreign country)

16. (a) Informant Catherine Bass (MOTHER)

(b) Address Eldorado Springs Mo R. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Christoville (Cem)

18. (a) Signature of funeral director Burton-Siders

(b) Address Eldorado Springs Mo

19. (a) 4/22/40 (Date received by local registrar) (b) J. W. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1940 hour 11 minute 55 P M.

21. I hereby certify that I attended the deceased from April 21st, 1940, to April 21st, 1940, that I last saw him alive on April 21st, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Lobar Pneumonia	
Due to (b)	
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature C. A. Sunderworth (M. D. or other) DO

Address Eldorado Springs Mo Date signed 4/22/40

(Licensed Embalmer's Statement on Reverse Side)

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

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 ______________________

Licensed Embalmer No. __________

P. O. Address ______________________

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.