

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

32454

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 5-649

1. PLACE OF DEATH:

(a) County Lincoln
(b) ~~City or town~~ Rural
(c) Name of hospital or institution:
(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 Virginia Lee Dryden Bass
8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Epton Bass 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 5-1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 76 6 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joshua D Dryden
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. McClellan
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Epton Bass
(b) Address Elsterry, Mo. R. F. D.
17. (a) Burial (b) Date thereof Sept. 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asbury Cemetery
18. (a) Signature of funeral director Edith Miller
(b) Address Elsterry, Missouri
19. (a) Sept 20-40 (b) Edith Powell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Elsterry Mo R.F.D.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1940 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from June
1940, to Sept 15, 1940;
that I last saw him alive on Sept 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
of valvular
Due to Senility
Due to 92 N

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

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? (a) Means of injury
23. Signature J. Elsterry (M. D. seal)
Address Elsterry, Mo Date signed Sept 16 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 me

Sept. 15th 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elkhart, 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.