

No. 2
1-13-40
-17-39
X23

JAN 25 1941 750
Registration District No. _____

Primary Registration District No. 5985

Registrar's No. 1717

1. PLACE OF DEATH: Ripley, Mo.
 (a) County _____
 (b) City or town Douglas, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Life _____ (Specify whether)
 years, months or days _____

3. (a) PRINT FULL NAME James Henry Bass
 3. (b) If veteran None (c) Social Security No. _____
 name war _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased Dec 27 1858
 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 17
 If less than one day _____ hr. _____ min.

9. Birthplace Schuyler Co., Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name unknown

13. Birthplace _____
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Terra Day

15. Birthplace Ripley Co.
 (City, town, or county) (State or foreign country)

16. (a) Informant Stanza Bass
 (b) Address Douglas, Mo.

17. (a) Burial (b) Date thereof Dec 24 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss Cemetery

18. (a) Signature of funeral director neighbor
 (b) Address Douglas, Mo.

19. (a) Dec. 23 1940 (b) E. B. Johnston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ripley
 (c) City or town Douglas
 (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 Dec day 27
 year 1940 hour 9 am _____ M.
 21. I hereby certify that I attended the deceased from Dec 1 1940
to Dec 22 40, 1940;
 that I last saw him alive on Dec. 1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage 1 year
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) STU

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

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?
674
 While at work? _____ (Specify type of place) _____ (e) Means of injury _____
 23. Signature Clifford Johnston (M.D. or other) _____
 Address Douglas, Mo. _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number. 14124

Date Filed _____

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, fact should be so stated above.