

No. 2
4-13-40
-17-39
I X23159

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 7

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

1. PLACE OF DEATH

(a) County Saline

(b) City or town Marshall

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

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

(d) Street No. 1269 S. English
(If rural, give location)

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

3. (a) PRINT FULL NAME Hope Darling Bass

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased Nov. 28 - 1940
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1940 hour 6 minute 45 AM

21. I hereby certify that I attended the deceased from Nov. 28, 1940 to Nov. 28, 1940
that I last saw him/her alive on Nov. 28, 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>3 hr. 45 min.</u>

Immediate cause of death Premature (7 months) Duration _____

Due to I don't know

Due to _____

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

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) 159

11. Industry or business _____

MOTHER FATHER { 12. Name Alva Commodore Bass

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

14. Maiden name Eura Bell Brown

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Alva C. Bass

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Nov 30 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Grove Cem.

18. (a) Signature of funeral director Don Short

(b) Address Marshall, Mo.

19. (a) 1-9-1941 (b) Mary Kent
(Data received local registrar) (Registrar's signature)

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 Alva C. Bass (M. D. or other) Am. S.

Address Marshall, Mo. Date signed 1/30-40

Date Filed
District File Number
District Health Officer No. 8

17-12-6

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.