

STANDARD CERTIFICATE OF DEATH

15520

State File No. \_\_\_\_\_

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Pike  
(b) City or town Louisiana  
(c) Name of hospital or institution: Pike Co Hospital  
(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 Elsie Martha Bass

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife James Bass 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased 2-12-1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Nurse

11. Industry or business Hospital

12. Name Albert Prahl

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

14. Maiden name Don't know

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

16. (a) Informant James Bass

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 4-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo

18. (a) Signature of funeral director John H. 1020

(b) Address Louisiana Mo

19. (a) 21/4 (b) John H. 1020  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pike 82  
(c) City or town Louisiana 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. N 5th 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1941 hour 7:00 minute a M.

21. I hereby certify that I attended the deceased from 8/16/40  
to 4/20/41, 19\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on 4/20/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions hypertension,  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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) none

(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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John H. 1020 (M. D. or other)  
Address Louisiana Mo Date signed 4/20/41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-1027

Date Filed MAY 20 1941

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. 2773

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, fact should be so stated above.