

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(c) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
707 E. Promenade St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 707 E. Promenade St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Catherine Bass

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Bass 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 3, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 17 If less than one day
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Henry Spensby
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Bass
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof June 23, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery
Kansas City, Kansas

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Mo.

19. (a) 6/31/41 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to June 20, 1941
that I last saw her alive on June 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to arteriosclerosis years

Due to Senility

Other conditions arthritis 43W
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?
23

(e) Means of injury..... (Specify type of place)

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

23: Signature R.S. Williams (M. D. or other) [Signature]

Address Mexico, Mo. Date signed 6-31-41

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

4
1
2

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 744-1249

Date Filed JUL 10 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.....

Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.