

FILED JUL 1 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 887

Primary Registration District No. 4538

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington
 (b) City or town Potosi
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
 (c) City or town Potosi
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charley E. Bass

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

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

7. Birth date of deceased May 1869
 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name Joseph Barry

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

14. Maiden name Marcella Robert

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

16. (a) Informant: B. H. Paul

(b) Address Mineral Point Mo

17. (a) Burial (b) Date thereof JUL 9 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo

18. (a) Signature of funeral director Sparks
 (b) Address Potosi

19. (a) June 10 41 (b) G. F. Creswell
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
 year 1941 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1/41
 _____, 19____, to June 8, 19____, M.
 that I last saw him alive on June 3, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following bladder infection hereof
 Due to Retention of urinary bladder infection
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 809
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature G. F. Creswell (M. D. or other) 0
 Address Potosi Date signed 6/10/41

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

127

715

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 Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elvins m

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22994

Registration District No. 887

Primary Registration District No. 4538

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Potosi
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charley C. Bane
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

21. I hereby certify that I attended the deceased from _____ 19____
that I have seen him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
(Immediate cause of death)

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

Due to Septicemia following Retention Urinary bladder + infection due to Enlarged Inflamed Prostate

7. Birth date of deceased May 8 1860
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy 24a

8. AGE: Years 62 Months 1 Days _____ If less than one day _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country)

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? _____ (e) Means of injury _____

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

Potosi mo.

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

MOTHER FATHER

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

S-22994