DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1941

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34187

Primary Registration District No. 3002

Registrar's No. 174

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

1. PLACE OF DEATH:
(a) 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: 718 E Lafayette Mexico Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 2 weeks 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. 321 N Whitley (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roger Bass

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Tom Bass | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown (Month) - (Day) - 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
about 85			hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown Co (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown Co (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Fountain
(b) Address 718 E Lafayette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director Price Oliphant
(b) Address 104 N Jefferson Mexico Mo

19. (a) Oct 18-41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 16
year 1941 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8-28-41, 1941, to 10-16, 1941
that I last saw her alive on 10-16, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia, chronic myocarditis	
Due to Fractured hip	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1866	
Major findings: Of operations 16	
Of autopsy	

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) accident
(b) Date of occurrence 8-27-41 (c) Where did injury occur? Home (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? No (e) Means of injury: walking with two canes & fell

23. Signature H J Eaton, M.D. (M. D. or other)
Address Date signed 10/17/41

22 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-41-2064
Date Filed NOV 14 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 ....., ..., Registered Apprentice No. .....
working under my personal supervision.

Signed Price Alexander
Licensed Embalmer No. 3-5-72
P. O. Address Marion 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 34187

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No.

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

1. PLACE OF DEATH:
(a) 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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) 1856 (Year)

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia Chronic	
Due to Myocarditis	
Due to Fractured hip!	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident
(b) Date of occurrence 8-28-41
(c) Where did injury occur? Home Mexico, Mo (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? no (e) Means of injury Fall
Caught foot under carpet runner

23. Signature H. J. Eaton (M. D. or other)
Address Mexico, Mo Date signed

SUPPLEMENTARY