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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34277

FILED NOV 12 1941
Registration District No.

Primary Registration District No. 3006

Registrar's No. 268

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 17 Allen St (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) 87 yrs. - 5 mo 16 days In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. 17 Allen St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FANNIE 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 Reuben Bass
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4-16-1854 (Month) (Day) (Year)
8. AGE: Years 87 Months 5 Days 16 If less than one day hr. min.
9. Birthplace Boone Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business —
FATHER 12. Name Daniel Cochran
13. Birthplace — (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dorcas Knox
15. Birthplace — (City, town, or county) (State or foreign country)
16. (a) Informant Josie Morris
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetary
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 10/4/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1941 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 4 1940 to Oct 2 1941; that I last saw her alive on Oct 2 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Organic Heart Disease	1 yr 8 mo
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)
(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

23. Signature O A Moore (M. D. or other) MD
Address 301 N. 5 Columbia Mo Date signed 10-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.