

FILED NOV 11 1941

Registration District No. **670**

Primary Registration District No. **5893**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **rural - Pettis Co. Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles northeast of Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **7**
year **1941** hour **6:25** minute _____ P.M.

21. I hereby certify that I attended the deceased from
Nov 6 1941 to Nov 7 1941
that I last saw him alive on **Nov 6 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Induration of (Pulmonary, Intestinal) (a myocardial)**
Due to **infection with tubercles**

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature **Chas. A. ...** (M. D. or other) _____
Address **Sedalia Mo** Date signed **Nov 8 1941**

3. (a) PRINT FULL NAME **James Samuel Bass**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha Hodekahr Bass** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 27, 1887**
(Month) (Day) (Year)

8. AGE: Years **54** Months **1** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Clifton City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James F. Bass**

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

14. Maiden name **Mary E. Salsey**

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

16. (a) Informant **Mrs. Martha Bass (wife)**

(b) Address **R.F.D. Sedalia, Missouri**

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

(c) Place: burial or cremation **Lake Creek Cemetery**

18. (a) Signature of funeral director **Shane Swing**

(b) Address **Sedalia, Missouri**

19. (a) **Nov 8 - 1941** (b) **Flossie Ferguson**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

8000

Dr. McNeil
over Water Co.

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.....

John E. Myers

Licensed Embalmer No. *13220*

P. O. Address *Sedalia, 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.