V. S. No. 2
M—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13740

State File No.

Registration District No. 63 — Primary Registration District No. 3006-5118 — Registrar's No. 63

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

10
2
4

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: Nebraska Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")
(d) Street No. Nebraska Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME ARTHUR BASS
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Pearl Bass
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased 4-3-1890 (Month) (Day) (Year)

8. AGE: Years 52 | Months - | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Henry Bass
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lou Stemmons
15. Birthplace Howard Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Lawrence Bass
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Log Providence Mo
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 4-29-42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day #26 year 1942 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 4, 1942, to April 20, 1942; that I last saw h..... alive on ....., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	4-mo
Due to Mitral stenosis	
Due to nephritis	Duetto
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

92P

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 A W Kampschmidt (M. D. ~~or other~~) D
Address Columbia Mo Date signed 4-29-42

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(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 D. Parker

Licensed Embalmer No. 7900

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.