

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 16 1943
Registration District No. 298

Primary Registration District No. 5983

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Fort Leonard Wood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dispensary #4 Area
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 4 months 20 days years, months or days

3. (a) PRINT FULL NAME WALTER BASS (Pvt.)
3. (b) If veteran, name war - - - 3. (c) Social Security No. - - -

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - - - 6. (c) Age of husband or wife if alive 8 years (Month) (Day) (Year)
7. Birth date of deceased October 8 1911 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 4 10 hr. min.

9. Birthplace Wilmington North Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-32475578

11. Industry or business Co B, 33rd ETC Bn.

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records
(b) Address Fort Leonard Wood, Mo.
17. (a) Removal (b) Date thereof Feb. 21, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wilmington, N. C.

18. (a) Signature of funeral director Null & Son Funeral
(b) Address Rolla, Missouri
19. (a) Feb. 20, 1943 (b) W. H. J. Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Erie
(c) City or town Buffalo (If outside city or town limits, write "RURAL")
(d) Street No. 183 Hickory St. (If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1943 hour Approx. 2 minute 00 AM.

21. I hereby certify that I attended the deceased from 1943 to 1943 that I last saw him alive on 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis, anterior descending branch left coronary artery with recent infarcts of the anterior interventricular septum and adjacent interventricular walls.
Due to Arteriosclerosis, moderate of the coronary arteries.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 942
Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Home
(b) Date of occurrence Feb. 20, 1943
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, in industrial place, in public place?

23. Signature William C. Swellman (M. D. or other)
Address Drop #16 16th St. Buffalo, N. Y. Date signed 2-20-43

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

RECEIVED

Pulaski County Health Officer

File Number 2-43-36

Date Filed 8-9-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.