

No. 2
5-42
5-17-39
K32873

FILED JAN 26 1944
Registration District No. 3894

Primary Registration District No. 5655

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 73 days (Specify whether years, months or days)
In this community 73 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. Route 4 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT Ervin Frederick Bass
FULL NAME

3. (b) If veteran, name war No
3. (c) Social Security No. 409-16-031

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Long Bass alive 18 years
6. (c) Age of husband or wife if
7. Birth date of deceased May 14 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 7 24 hr. min.

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

10. Usual occupation Maintenance Engineer

11. Industry or business Unknown

12. Name James Samuel Bass
13. Birthplace Clifton City, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Dora Rodekoer
15. Birthplace Smithton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State Sanatorium, Mt. Vernon,

17. (a) Burial (b) Date thereof 1-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lab Creek, Pettis Co.

18. (a) Signature of funeral director Erving Funeral Home

(b) Address Sedalia, Mo.

19. (a) 1-11-44 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1944 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from October 27th 1943 to January 7th 1944
that I last saw him alive on January 7th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration Over 5 yrs

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 13 ft 1

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 Y. F. Fujikawa (M. D. or other) MD
Address MT. VERNON, MO. Date signed 1/9/44

No. 11
744-84
Date filed ~~1/23/44~~ 1944

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. Meyer
Licensed Embalmer No. 3220
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.