

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 20 1944

Registration District No. 301

Primary Registration District No. 6036

Registrar's No. 1950

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMA L. BASS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 22 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 21 If less than one day hr _____ min _____

9. Birthplace Franklin County Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Day

13. Birthplace Franklin County Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dicks

15. Birthplace Franklin County Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta Bryant

(b) Address Marion Mo.

17. (a) Burial (b) Date thereof Feb 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shirley Cent.

18. (a) Signature of funeral director Black's mortuary

(b) Address Doniphan Mo.

19. (a) 3-15-44 (b) E. O. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1944 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 2-8- 1944, to 2-12- 1944;
that I last saw her alive on 2-8- 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 Da.
Influenza

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 33A

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 J. Edw. Adamson (M. D. or other) _____

Address Doniphan, Mo. Date signed 2-12-44

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 Not Embalmed, 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.