

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24875

State File No. _____

FILED AUG 14 1944

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jane Chinn Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 1 Oronogo, 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME David Lee Bass

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1944 hour 12.20 minute _____ A. M.

4. Sex Male 5. Color or race White 0 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased June 30, 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30
1944 to July 1, 1944
that I last saw him alive on July 1, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	No	No	No	<u>5 hr.</u> No min.

Immediate cause of death
Respiratory failure

Due to Premature

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration
5 HRS.
8 1/2 mo.

9. Birthplace Webb City, 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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 [Signature] (M. D. or other) 00
Address [Address] Date signed 7-3-44

11. Industry or business _____

12. Name Delno L. Bass

13. Birthplace Cardin 1 Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Helen V. Beck

15. Birthplace Ft. Scott, 1 Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D. L. Bass (mother)

(b) Address R. R. # 1 Oronogo, Mo.

17. (a) Burial (b) Date thereof 7/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem.

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb Cnty, Missouri

19. (a) July 3, 1944 (b) [Signature]
(Date received by Registrar) (Registrar's signature)

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

6-9
2

MOTHER FATHER

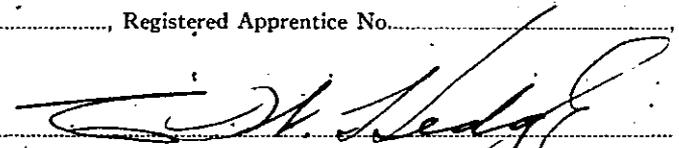
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44-1-598

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. 2858

P. O. Address W. Sledge

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: