

FILED DEC 21 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 906

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: EMERITE TO Hospital  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE  
(c) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2414 Kellett  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 10  
year 1944 hour 12 minute 50 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
no physician in attendance \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Bullet wound of chest

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 10/11  
(Include pregnancy within 3 months of death)

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) Accident  
(b) Date of occurrence Dec 10, 1944  
(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?  
Pasture near home  
While at work? no (Specify type of place)  
(e) Means of injury, 22 rifle

23. Signature Marion C. Stone (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. 2 Date signed 12-11-44

3. (a) PRINT FULL NAME CHESTER LEROY BASS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased APRIL 9, 1930  
(Month) (Day) (Year)

8. AGE: Years 14 Months 8 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Webster Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation In school

11. Industry or business at home

12. Name Raymond V. Bass

13. Birthplace unk. MO.  
(City, town, or county) (State or foreign country)

14. Maiden name unk. MO.

15. Birthplace unk. MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond V. Bass

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Dec 12-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  Cedar Cliff Cem

18. (a) Signature of funeral director J. W. Klingel & Co.

(b) Address SPRINGFIELD MO.

19. (a) 12-12-44 (b) W. H. Haudley  
(Date received local registrar) (Registrar's signature)

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

9  
2  
6

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 Ogle Stone Jr.

Licensed Embalmer No. 4126

P. O. Address Springfield

**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.

X