

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17103 ✓

State File No. \_\_\_\_\_

FILED MAY 1 1950

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for Aged, (Col)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
(Specify whether  
In this community 30 yrs.  
years, months or days)

3. (a) PRINT  
FULL NAME

Thos. E. Bass

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex M. 2 5. Color or race Age 2  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Macy Bass  
6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Aug. 8 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 8 10 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Bass  
13. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Burnham  
(b) Address 2118 Tracy N.C. Mo.  
17. (a) burial (b) Date thereof 4/21/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hatkins Bros.  
(b) Address 1729 Lydia N.C. Mo.  
19. (a) April 22 45 (b) F. M. Schuch B. E. M.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town House Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1223 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18  
year 1945 hour 2 minute 9 M.  
21. I hereby certify that I attended the deceased from 3/8 45 to 4/18 1945  
that I last saw him alive on April 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Rupture  
Drapsy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 1310  
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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 0  
23. Signature David W. Giffen (M. D. or other)  
Address 1247 N. Lynn Date signed 4/21/45

(Licensed Embalmer's Statement on Reverse Side)

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

1162

**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.....

*James Marlowe*

Licensed Embalmer No. *3994*

P. O. Address.....

*2003 Highland*

**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.**