

FILED JUN 12 1945

Registration District No. 341

Primary Registration District No. 6152A

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all its life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Dexter Rural 103
(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 _____

3. (a) PRINT FULL NAME THOMAS JY. BASS

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

4. Sex male 5. Color or race blue 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Jan. 16, 1945
(Month) (Day) (Year)

8. AGE: Years 3 Months 26 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Dexter, Route 4, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____
12. Name Albert Jr. Bass
13. Birthplace Shelby, Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Lillie Mae Porter
15. Birthplace Bernie, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Mae Porter

(b) Address Dexter, Route 4

17. (a) Burial (b) Date thereof May 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery Dexter, Mo

18. (a) Signature of funeral director _____

(b) Address no funeral director

19. (a) 6-1-45 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1945 hour 8:00AM minute _____ M.

21. I hereby certify that I attended the deceased from May 5, 1945 to _____, 19____;
that I never saw or _____
and that death occurred on the date and hour stated above.

Immediate cause of death Weakness from birth
Weariness from infancy
Due to _____
Due to _____

Other conditions no other symptoms
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

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 C. A. Crane Coroner
Address Dexter, Mo. Date signed May 5, 1945

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 645 810

Date Filed 6-6-45

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.....

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.