N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 9 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41559
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson Registration District No. 166
(b) Township Washington Primary Registration District No. 4254 Registered No. 23
(c) City Knob Noster (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME KENNETH EARL BASS.
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-19-1945
7. AGE YEARS MONTHS DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knob Noster Mo

FATHER
13. NAME L. B. Bass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

MOTHER
15. MAIDEN NAME Geneva Calvert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo.

17. INFORMANT (ADDRESS) L. B. Bass Knob Noster Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Cety Cem. K.N. DATE 12-28 1945
19. FUNERAL DIRECTOR (NAME) (ADDRESS) None
20. FILED Dec. 28, 1945 Erma L. Beatty Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28. 1945

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1945, to Dec. 28, 1945
I last saw him alive on Dec. 28, 1945 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. W. Grove, M. D.
(Address) Knob Noster, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ...

not embalmed, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed C. L. Saulty

Licensed Embalmer No.....

P. O. Address Knob Noster, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.