

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4496

State File No.

FILED FEB 13 1946

Registration District No.

Primary Registration District No. 4021

Registrar's No.

1. PLACE OF DEATH:

(a) County HUDRIN.
(b) City or town LADDONIA-MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community HYR.
years, months or days)

3. (a) PRINT FULL NAME DELLA-S-BASS.

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

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

6. (b) Name of husband or wife JAMES-W-BASS 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased SEPT-28-1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 11 hr. min.

9. Birthplace UNION-CO ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business HOME.

12. Name MARTIN-SHEFFER.

13. Birthplace UNION-CO ILL.
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA-CRAFT.

15. Birthplace UNION-CO. ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Bass.

(b) Address LADDONIA-MO.

17. (a) BURIAL (b) Date thereof FEB-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DONGOLA, ILL.

18. (a) Signature of funeral director Clyde Willey

(b) Address LADDONIA-MO.

19. (a) 2-11-46 (b) Martha Kernen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HUDRIN.
(c) City or town LADDONIA-MO.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 9th
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from FEB 5, 1946, to FEB 9th, 1946
that I last saw her alive on FEB 9th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 Days

Due to Malnutrition

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy 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? (c) Means of injury

23. Signature W.B. Baize (M. D. or other) MD

Address LADDONIA-MO. Date signed 2-9-46

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

Signed

Clyde W. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

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.