

FILED MAY 8 1946
Registration District No. 00

Primary Registration District No. 6032

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1. Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2.6 years (years, months or days)

3. (a) PRINT FULL NAME MALACHI INGRIM BASS.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3-1860
(Month) (Day) (Year)

8. AGE: Years 86 Months xx Days 20 If less than one day hr. _____ min. _____

9. Birthplace Benstock Co. Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Bass

13. Birthplace Mo. Carol
(City, town, or county) (State or foreign country)

14. Maiden name Carol

15. Birthplace Ms. Carol
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Bass

(b) Address Doniphan, Mo.

17. (a) Rural (b) Date thereof 4-7-46
(Place, location, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo

18. (a) Signature of funeral director Ed Johnston

(b) Address Doniphan

19. (a) 4-12-46 (b) Ed Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Doniphan
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5, year 1946 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1-1-1943 to 4-5-1946

that I last saw him alive on 4-4-1946

and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis which Duration _____

probably resulted from a series

of brain hemorrhages

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Dr. Edgar Adamson (M. D. or other) _____

Address Doniphan, Mo. Date signed 4-12-46

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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 1945

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

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

Signed *J. E. Jordan*

Licensed Embalmer No. *3260*

P. O. Address *Albany, N. Y.*

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.