

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17812**

FILED JUN 5 1946

Registration District No. **388**

Primary Registration District No. **60294479**

Registrar's No. **371**

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Ellington 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 _____
years, months or days)

3. (a) PRINT FULL NAME MARY LUE BASS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE **5. Color or race** WHITE

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased DEC. 19 1944
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace ELLINGTON MO SHANNON CO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Infant

12. Name LEWIS BASS

13. Birthplace PONIPKAN MO
(City, town, or county) (State or foreign country)

14. Maiden name EMMA YACER

15. Birthplace near ELLINGTON MO SHANNON CO
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Bass

(b) Address Ellington Mo

17. (c) Burial (b) Date thereof 12-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RHUMBURG Cemetery

18. (a) Signature of funeral director neighbors

(b) Address _____

19. (a) May 17/46 (b) Eddie Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

(c) City or town Ellington
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1945 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from dec 3
_____ 1945 to dec 12 1945

that I last saw her alive on dec 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 7 days

Due to _____

Due to _____

Other conditions Certussis 2 weeks
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 9

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 A. F. Bugg (M. D. or other) _____
Address Ellington Mo Date signed 12-14-45

RECEIVED

District

District

Date Filed

Number No. 5,

646350

6-1-46

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, 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.