S. No. 2
M—5-43
. 5-17-39
I X36671

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

19961

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL. 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21092

Registration District No. 274 Primary Registration District No. 4407 Registrar's No. 194

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: La Monte Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 33 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Pettis 80

(c) City or town: La Monte (If outside city or town limits, write "RURAL") 0

(d) Street No. ____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME: Hardin Taylor Bass

3. (b) If veteran, name war ____

3. (c) Social Security No. /

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ella Bass

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: Oct (Month) 24 (Day) 1871 (Year)

8. AGE: Years 74 Months 7 Days 20 If less than one day ____ hr. ____ min. /

9. Birthplace: Ky (City, town, or county) (State or foreign country)

10. Usual occupation: Railway Employe (Retired)

11. Industry or business: Missouri Pacific Railroad

FATHER

12. Name: Joseph Bass

13. Birthplace: Ky (City, town, or county) (State or foreign country) /

MOTHER

14. Maiden name: Margret Sousley

15. Birthplace: Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant: Ira Bass

(b) Address: La Monte Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-46 (Month) (Day) (Year)

(c) Place: burial or cremation: La Monte Cemetery

18. (a) Signature of funeral director: B. F. Parker

(b) Address: La Monte Mo.

19. (a) 6-17-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

251

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14 year 1946 hour 12-45 m. Noon P.M.

21. I hereby certify that I attended the deceased from June 1946 to June 14 1946 and that I last saw him alive on June 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration

Due to: Arteriosclerosis Jan 27-46 — 1 yr 5 mos

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: 93d

Of autopsy: ____

Duration

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: 0

23. Signature: [illegible] (M. D. or other) M.D.

Address: La Monte Mo. Date signed: [illegible]

JUL 2 1946

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 6-29-46

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 R. V. Parson

Licensed Embalmer No. 1592

P. O. Address Ra Mont 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.