

No. 2
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FILED MAY 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14902**

Registration District No. 418 Primary Registration District No. 5572 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Galesburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Oronogo R.R.#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 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Oronogo, Mo. R.R.#1
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Virginia Lee Bass
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: February 15, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- 2 7 hr. min.

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

10. Usual occupation: Infant

11. Industry or business _____

MOTHER FATHER { 12. Name: Delmo Bass
13. Birthplace: Cardin Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name: Helen Beck
15. Birthplace: Ft. Scott Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant: Father Delmo Bass
(b) Address: Oronogo, Mo. R.R.1

17. (a) Burial (b) Date thereof: 4/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial

18. (a) Signature of funeral director: Thaddeus Nelson
(b) Address: Webb City, Missouri

19. (a) Apr. 29/41 (b) Sam Hopkins
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1941 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to April 17, 1941; that I last saw her alive on April 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Measles.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
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? _____

945 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature: M. S. Mendenhall (M. D. or other) _____
Address: 15th & Madison Date signed: April 22

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

41-5-412-

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 E. N. Hedge

Licensed Embalmer No. 2859

P. O. Address Wells River

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.