

S. No. 2
M-1-4-41
v. 5-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26938

State File No. _____
Registrar's No. 212

FILED AUG 24 1945

Registration District No. 2007 Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield Rural
(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 _____

3. (a) PRINT FULL NAME Rufus Jesse Joe 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 Single

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

7. Birth date of deceased July 11th 1939
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27
year 1945 hour 9 minute 20a M.

21. I hereby certify that I attended the deceased from 7-25 1945 to 7-27 1945
that I last saw him alive on 7-27 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 6 Months _____ Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Amarrage's Septemia
Due to Nail Disturbance on foot undoubtedly
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Bloomfield Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Rufus Bass

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

14. Maiden name Leora Hughes

15. Birthplace Norris City, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.D. Trotter
(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof 7/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Mo.

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) (e) Means of injury _____

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 8-1-45 (b) Belle Kinn
(Date received local registrar) (Registrar's signature)

23. Signature E.S. Davis (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 7-31-45

92 (Licensed Embalmer's Statement on Reverse Side)

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

12
7
3

RECEIVED

District Health Office No. 2,

District File Number 845-1098

Date Filed 8-17-45

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 Rymond Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.