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7-39
X21492

NOV 20 1940

1. PLACE OF DEATH:

(a) County Springfield
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: _____
In this community _____

3. (a) PRINT FULL NAME HARRIET C. BASS

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

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

(b) Name of husband or wife Francis M. Bass 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 18 1866

8. AGE: Years 1 74 Months 5 Days 24 hr. _____ min _____

9. Birthplace Unknown Mo.

10. Usual occupation House Wife

11. Industry or business in Home

12. Name Amstead Stratton

18. Birthplace Unknown Penn.

14. Maiden name Amelia Brown

15. Birthplace Unknown Penn.

16. (a) Informant Francis M. Bass

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct 14 - 1940

(c) Place: burial or cremation Deary Baptist Church

18. (a) Signature of funeral director W. E. Handley

(b) Address Springfield, Mo.

19. (a) 10-14-40 (b) W. E. Handley MD

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(d) Street No. 1720 N. National
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9/13/1940 to 10/12/1940 that I last saw him alive on 10/12/1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hip fracture Chronic Myocarditis with Atherosclerosis

Due to _____
Due to _____
Other conditions Senility

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9-13-40
(c) Where did injury occur? Home Springfield Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? fell in home
While at work? no (Specify type of place) _____
(e) Means of injury fractured hip

Signature C. E. Feller (M. D. number) _____
Address Springfield Mo Date signed _____

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

MOTHER FATHER

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

William Paul Flor

Licensed Embalmer No.

4071

P. O. Address

Springfield

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, above space should be left blank.

X