

FILED NOV 22 1946

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wallace Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 days  
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon  
(If outside city or town limits, write "RURAL")  
(d) Street No. 12 Greenwood Drive  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Wellington Bass

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margaret M. Bass  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Dec. 27 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 28 hr. min.

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

10. Usual occupation Police Judge

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John J. Bass  
13. Birthplace Jesson  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy E. Gannon  
15. Birthplace Jesson  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred D. Harris

(b) Address Jesson City Mo.

17. (a) Burial (b) Date thereof 10-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. T. Holman  
(b) Address Lebanon Mo.

19. (a) Nov. 15, 1946 (b) Ora Frankenberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25  
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/29  
1946, to 10/25/ 1946  
that I last saw him alive on 10/25/ 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac Failure  
Carcinomatous  
Carcinoma prostate  
Due to \_\_\_\_\_

Duration

1 1/2 yrs.

Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Wm. J. (e) ... (M. D. or other) Dr.  
Address Lebanon, Mo. Date signed 10/31/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
36356

Received ..... 11-20-46  
Laclede County Health Unit  
File No. .... 10-46-157  
Date Filed ..... 11-20-46

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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 Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address. Lebanon 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.