

S. No. 2
DM-5-43
v. 5-17-39
X36671

FILED FEB 5 1947
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH: **GREENE**

(a) County GREENE

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

(c) Name of hospital or institution:
1812 College St. (residence) /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1812 College St.
(If rural, give location)

(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JODA MARVIN BASS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Laura Bass

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 30, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>21</u>hr.min.

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

10. Usual occupation Grocery Owner

11. Industry or business Grocery Store

MOTHER, FATHER

12. Name George Bass

13. Birthplace Strafford, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Addie Bass

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Bass

(b) Address 1812 College

17. (a) Burial (b) Date thereof 1-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bassville, Cemetery

18. (a) Signature of funeral ALMA LOHMEYER FUNERAL HOME

(b) Address Springfield, Missouri

19. (a) 1-23-47 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1947 hour 6:00 A.M. minute.....M.

21. I hereby certify that I attended the deceased from 1-21, 1947 to 1-21, 1947; that I last saw him alive on 1-21 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration Immediate

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83A

Of operations.....

Of autopsy.....

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 or place) While at work?..... (Specify type or place) (e) Means of injury.....

23. Signature W. E. Handley (M. D. or other) M.D.

Address Springfield, Mo Date signed 1-22-47

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 Julian R. Goodwin, Registered Apprentice No. 473,
working under my personal supervision.

Signed Jewell E. Wendle
Licensed Embalmer No. 2831
P. O. Address Springfield, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. 73

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME

Joda M. Bass

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased mar 30 (Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-17-47 (b) M.S. Handley M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-756