

No. 2  
12-45  
-17-39  
X47070

**FILED APR 30 1947**

Registration District No. **376**

Primary Registration District No. **6075**

Registrar's No. **138**

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

1. PLACE OF DEATH:

(a) County St. Francois (b) City or town Farmington RURAL St. Francois  
 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 42  
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 2 mos. 5 ds.  
 (Specify whether years, months or days)

In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 94

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

(d) Street No. County Farm  
 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY (SARAH) BASS

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

4. Sex Female 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 About 1876 or 1884  
 (Month) (Day) (Year)

8. AGE: About 63 or 71  
 Years Months Days If less than one day  
 hr. min.

9. Birthplace Dunklin County, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation House work

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records: State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Removal (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation To Washington University, St. Louis, Mo.

18. (a) Signature of funeral director via Berl J. Miller

(b) Address Farmington, Missouri

19. (a) 4-19-47 (b) Esther Rudloff  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
 year 1947 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 26, 1939 to April 1, 1947  
 that I last saw her alive on April 1, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arteriosclerosis  
Generalized atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy Ch. Myocarditis

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?  
Louis, Mo.

(Specify type of place) \_\_\_\_\_

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

23. Signature James P. Hobbs (M. D. or other) \_\_\_\_\_  
 Address Farmington Date signed 4/18/47

RECEIVED

District Health Officer No. 4  
District File Number 447-596  
Date Filed 4-29-47

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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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Carl J. Miller*.....  
Licensed Embalmer No. *3752*.....  
P. O. Address *Farmington, 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.