

FILED JAN 16 1948

Registration District No. _____

Primary Registration District No. 2016

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
113 Douglas Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 Months 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. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Margaret M. Bass

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife G.W. Bass 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Orlando Dixon
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Holloman
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred D. Harris

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Missouri

18. (a) Signature of funeral director Sheep J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-6-48 (b) R. G. Davis MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-6-48 day _____ year _____ hour 11:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6-1-47 1947 to 1-6 1948
that I last saw her alive on 1-6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Bi lateral Bronchial
Pneumonia

Due to _____

Due to _____

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

Major findings:
Of operations 101
Of autopsy _____

Duration

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 W. V. McFaully (M. D. or other) MD
Address Jefferson City, Mo Date signed 1-6-48

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

RECEIVED

RECEIVED
District Health Officer No. 9,
District No. _____
Date Filed 11/5/48

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 Joseph J. Form
Licensed Embalmer No. 1786
P. O. Address Jefferson City, 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.