

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 10 1948

Registration District No. 279

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No.

33682

Registrar's No. 313

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Woodland Hospital
(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 days3. (a) PRINT
FULL NAMEJennifer Lee Bass

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 4 1948
(Month) (Day) (Year)

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

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

10. Usual occupation
- Infant

11. Industry or business

- MOTHER FATHER
12. Name Henry G. Bass
13. Birthplace Andersonia Ala
(City, town, or county) (State or foreign country)
14. Maiden name Ruth A. Nemet
15. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Henry G. Bass
(b) Address 1111 W. Ave Sedalia, Mo.
17. (a) Burial (b) Date thereof 11-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director M. Laughlin Bros
(b) Address Sedalia Mo

19. (a) 11-5-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Signature on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 W. Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5 year 1948 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-4 48 to 11-5 48
that I last saw her alive on 11-5 48
and that death occurred on the date and hour stated above.

Immediate cause of death

Respiratory failure
congenital malformation
prematurity

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause of
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 J. Maunders (M.D. or other) DOAddress 2012 E. Englewood Date signed 11/5/48Sedalia Mo.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-9-48

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 _____

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.