DEATH RECORD
BASS-SMITH FUNERAL HOME

Name _____ Address _____

Died (month, date, hour) _____ Died Where _____

Sex _____ Race _____ S.S. # _____ Education (Grade No. _____)

Date of Birth _____ Place of Birth _____

Single, Married, Widowed, Divorced _____ Veteran _____

Name of Parents _____ Living _____

Name of Husband or Wife _____ Living _____

Member Church _____ Church Offices _____

By Whom Employed _____ Occupation _____

Member Civic Clubs, Fraternal Order, Public Office _____

Doctor _____ Address _____

Informant _____ Address _____

Funeral When _____ Where _____

Receiving/Visitation _____

By Whom Conducted _____

Buried Where _____

Pall Bearers _____

Memorials _____

Name	Relationship	Address