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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1943

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 4

1. PLACE OF DEATH:

(a) County SALINE

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

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline

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

(d) Street No. 463 west washington
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES Robert Bassett

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex male

5. Color of CGI 2 face white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased APRIL 3 1904
(Month) (Day) (Year)

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

38 9 0 hr. min.

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

10. Usual occupation Cleaning, Pressing

MOTHER FATHER

11. Industry or business

12. Name John Bassett

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

14. Maiden name LOUISA FALLS

15. Birthplace ARROW ROCK Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Bassett

(b) Address marshall mo.

17. (a) BURIAL (b) Date thereof JAN 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Don Short

(b) Address marshall mo

19. (a) 1-5-43 (b) Mrs Tolworth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd
year 1943 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec 10th 1942, to Jan 3rd 1943;
that I last saw him alive on Jan 1st 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis

Due to Don't Know

Other conditions (include pregnancy within 3 months of death) 120

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 W. H. Madison (M. D. or other)

Address Marshall, Mo. Date signed 1-5-43

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

RECEIVED

District Health Officer No. 8,

Case File Number _____

Date Filed 2-9-43

MAR 10 1958

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall MS

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.